MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25276

1. PLACE OF DEATH Jul 29 1936

County Vernon — Registration District No. 873 — File No.

Township Montevallo — Primary Registration District No. 6157 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Bertha Leigh

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Leigh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26 - 1882

7. AGE: YEARS 53 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Mo.

FATHER

13. NAME: James D. Merrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Josephine Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co. Mo.

17. INFORMANT (ADDRESS): John Leigh, Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dungan Grove DATE: June 30, 1936

19. UNDERTAKER (ADDRESS): G. B. Berry & Sons, Sheldon Mo

20. FILED: June 30, 1936 — W. A. Robendeffer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. B. Ferry Coroner, M.D.

(Address) Nevada Mo