

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

Do not use this space.

AUG 25 1936

27911

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Normandy Centre Primary Registration District No. 6033
City Pine Lawn, Mo. (No. 4213) Oakwood Ave.

File No. _____
Registered No. 208
St. _____ Ward _____

2. FULL NAME Bertha McFarland

(a) Residence, No. 4213 Oakwood Ave. 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 f 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16th / 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Parker Capstick

14. BIRTHPLACE (CITY OR TOWN) Florissant, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Teaney Payer

16. BIRTHPLACE (CITY OR TOWN) Florissant, Mo.
(STATE OR COUNTRY)

17. INFORMANT James McFarland
(ADDRESS) 4213 Oakwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galvary Cem. DATE 7/15/36 19. _____

19. UNDERTAKER Thomas J. Foy
(ADDRESS) 1519 So. Grand Blvd.

20. FILED 7-13- 1936 W. A. Bachner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/36 19. _____

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

I last saw him alive on _____ Death is said

to have occurred on the date stated above, at 3:15 AM

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

Deaf mute. Despondency over her condition, as well as financial circumstances. Drank large quantity of sodium fluoride, mixed with water and drank it. (Commonly known as

Other contributory causes of importance:
Roach powder, drank this in basement and ran out in street at 11:40 and died at 3:15 PM. Sec. Sodium fluoride poisoning.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) W. A. Bachner M. D.

(Address) 3718 Young Rd

St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

