

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

Do not use this space.

SÉP 16 1936

29824

1. PLACE OF DEATH

County Barry
Township Sugar Creek
City Seigman (No. _____)

Registration District No. 36
Primary Registration District No. 6052

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

2. FULL NAME Bertha Webster Anderton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) On Visit

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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED Married
HUSBAND OF J.H. Anderton
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Illinois
(STATE OR COUNTRY)

13. NAME Marion Webster

14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Lue Osman

16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT J.H. Anderton
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL X
PLACE Arkansas DATE Aug 24th 1936

19. UNDERTAKER Koon Funeral Home
(ADDRESS)

20. FILED 8/23 1936 Pellie S. Smith
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936 to Aug. 23, 1936
I last saw her alive on Aug. 22, 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Uremia
181
Chronic Interstitial Nephritis

Date of onset Aug 2/36

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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) Chas. Russell Brown
(Address) Seigman Mo.

