

OCT 21 1936

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

35211

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. Bothwell Hospital)

File No. 286
Registered No. 668
St. _____ Ward _____

2. FULL NAME Mrs. Berdie Helfert(a) Residence, No. 1327 W. Main St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1871</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>2</u>
		DAYS
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>J. W. Pratt</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Maby Keller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>Chas. Hazard</u> (ADDRESS) <u>Sedalia Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico Mo</u> DATE <u>Sept. 25, 1936</u>
	19. UNDERTAKER <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>
	20. FILED <u>9-29-36</u> <u>Jean Slack</u> 19 <u>36</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1936, to Sept 23, 1936I last saw him alive on Sept 23, 1936 Death is saidto have occurred on the date stated above, at 10:45 a.m.

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

Cardiac Decompensation & edemaChronic myocarditis

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) E. Gordon Staufferbacher, M. D.(Address) 5th Engineer - Sedalia Mo

