

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.

FEB 16 1937

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

Do not use this space.

559

1. PLACE OF DEATH

County *Chautau*

Registration District No. *169*

File No. _____

Township _____

Primary Registration District No. *4098*

Registered No. *5*

City *Brunswick* (No. _____)

St. _____ Ward _____

2. FULL NAME *Mary L. Bering*

(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 *Fe* 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 *John Bering*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 4 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *23*
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) *Switzerland*

FATHER 13. NAME *Jacob Wilkey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *John Bering Brunswick, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill Cem.* DATE *Jan. 25 1937*

19. UNDERTAKER (ADDRESS) *Standley Casselton, Mo.*

20. FILED *Jan. 23 1937 Harry E. Tatum Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 22 1937*

22. I HEREBY CERTIFY, that I attended deceased from *Jan, 21st* 19*37*, to *Jan, 22* 19*37*

I last saw her alive on *Jan. 22* 19*37* Death is said to have occurred on the date stated above, at *9:45 A. m.*

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

Valve Heart lesion

Other contributory causes of importance:

Influenza two days

Name of operation *none* 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) *J. L. [Signature]* *H. O. [Signature]*

(Address) *Brunswick, Mo*

