

FEB 27 1937

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

Do not use this space.

950

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 5440
City Springfield (No. R. F. D. # 9) St. _____ Ward _____

File No. _____
Registered No. 0047
St. _____ Ward _____

2. FULL NAME Mrs Mary Herberger

(a) Residence, No. R. F. D. # 9 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 <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Herberger</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11 1860</u>					
7. AGE <u>76</u>	YEARS	MONTHS <u>3</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) <u>Bed Bud</u> (STATE OR COUNTRY) <u>Ill</u>					
FATHER	13. NAME <u>Joseph Rose</u>				
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME <u>Katherine Rose</u>				
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)				
17. INFORMANT <u>Henry Herberger</u> (ADDRESS) <u>5FD #9 Springfield Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys</u> DATE <u>Jan 18 1937</u>					
19. UNDERTAKER <u>Bernan E. Lohmeyer</u> (ADDRESS) <u>Springfield Mo</u>					
20. FILED <u>Jan 16 1937</u> <u>Chas A George</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19 36 to 1-14 37, 1937
I last saw her alive on 1-12 37, 1937 Death is said to have occurred on the date stated above, at 930p m.

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

Disease of Valves of heart - chronic
acute with chronic embolism nephritic
Other contributory causes of importance:
none
Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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 factory, 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) W. J. Walsh, M. D.
(Address) Springfield 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.

