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.

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

MAR 2 6 1937

Do not use this space.

1. PLACE OF DEATH

County TEXAS — Registration District No. 868 — File No. 9182

Township Sherrell — Primary Registration District No. 6149 — Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME BERTHA OKERMARK

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 12, 1905

7. AGE: YEARS 31 — MONTHS 3 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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. .....
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) LICKING, MO.

FATHER

13. NAME JOHN HOLDEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER

15. MAIDEN NAME MENRA WALTERS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT (ADDRESS) OLIVE SHEPERD LICKING

18. BURIAL, CREMATION, OR REMOVAL
PLACE PATTERSON CEM. DATE 2/ 8/ 37, 19

19. UNDERTAKER (ADDRESS) CLYDE HOLDEN LICKING

20. FILED 2/7/ 1937 H. L. Reed ~~H. L. Reed~~ *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from DEC., 1936, to FEB. 7, 1937

I last saw h..... alive on Jan. 31, 1937. Death is said to have occurred on the date stated above, at 7 A.m.

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

	Date of onset
PULMONARY TUBERCULOSIS	
22	

Other contributory causes of importance:

INFLUENZA

Name of operation ..... 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) Lisdon Randall, M. D.

(Address) Licking Mo.

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH
107 County: Texas
Township: Eunice
City: (No. St. Ward)

Registration District No. 868
Primary Registration District No. 6149

File No. ~~9182~~
Registered No. Two

2. FULL NAME: Bertha A. Kinnard

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Bill Kinnard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12 1905

7. AGE: YEARS 31 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

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.: Home
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: John Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Minnie Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT: Clyde Holden
(ADDRESS): Dixie Co

18. BURIAL, CREMATION, OR REMOVAL: Dixie Co
PLACE: Patterson Cem. DATE: 2-8 1937

19. UNDERTAKER: Clyde Holden
(ADDRESS): Licking Mo

20. FILED: 2-7 1937 J. A. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 7 1937, 19..
I last saw h.. alive on Jan 31 1937. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Pulmonary TB — Date of onset: 1936 Nov.

Other contributory causes of importance: Flu 2 3

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) [illegible], M. D.
(Address) [illegible]

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.

S-9182