APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No. 11454

Township " — Primary Registration District No. 3009 — Registered No. 99

City Cape Girardeau (No. , St. Francis Hospital St. Ward)

2. FULL NAME Bertha Probst

(a) Residence, No. Cape R.F.D. #2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel Probst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Whitewater, Mo.

FATHER

13. NAME William Hager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordenville, Mo.

MOTHER

15. MAIDEN NAME Almona Amelunke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT (ADDRESS) Emanuel Probst Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cemt. DATE March 28, 1937

19. UNDERTAKER (ADDRESS) Hamer's Funeral Home Cape Girardeau, Mo.

20. FILED 3-26, 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to March 26, 1937

I last saw her alive on March 25, 1937. Death is said to have occurred on the date stated above, at 6:00 A.m.

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

	Date of onset
Lobar pneumonia	3-12-37
Empyemia	3-21-37

Other contributory causes of importance: 10

Name of operation none Date of

What test confirmed diagnosis? X-ray 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) R. A. Ritter, M. D.

(Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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