

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Knox Registration District No. 441
Township Center Primary Registration District No. 4259
City Edina (No. 10) St. 10 Ward)

File No. 12363Registered No. 10

2. FULL NAME

Bertha Francis Reid Howard

(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 <u>F.</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-10-1894</u>		
7. AGE	YEARS	MONTHS
<u>42</u>	<u>4</u>	<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home keeper</u>		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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edina Mo.</u>		
13. NAME <u>Varis Reid</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edina Mo.</u>		
15. MAIDEN NAME <u>Rachel Yates</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hurdland Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs Nettie Powell Edina Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wissville Cemetery</u> DATE <u>Mar-26-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Keith H. Hudson Edina Mo.</u>		
20. FILED <u>3-24</u> 1937 <u>Wm. C. M. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-3722. I HEREBY CERTIFY, That I attended deceased from 3-8, 1937, to 3-22, 1937I last saw her alive on 3-20, 1937. Death is saidto have occurred on the date stated above, at 11:20pm.

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

Pneumonia & pleurisy 8-3-37
Lobar
pulmonary abscess (ruptured) 8-21-37

Date of onset

Other contributory causes of importance:

108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) Fredrick L. Schmitt M. D.(Address) Edina Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

601

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

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1. PLACE OF DEATH

County Knox
Township Edina
City Edina (No. _____, St. _____, Ward _____)

Registration District No. 441
Primary Registration District No. 4259

File No. 12363
Registered No. _____

2. FULL NAME

Bertha Francis Reed Howard

(a) Residence, No. _____, St. _____, Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>77</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>42</u>	MONTHS <u>4</u>	DAYS <u>12</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.			
	10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>3-27</u> 19 <u>37</u> <u>Mrs. C. M. Smith</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Pneumonia + pleurisy
Lobar
Other contributory causes of importance: 108

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) Frederick L. Schmitt M.D.
(Address) Edina, Mo.

SUPPLEMENTAL

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-12343