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.

MAY 15 1937

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

Do not use this space.

15205

1. PLACE OF DEATH

County Jackson — Registration District No. 377 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 3808 E. 63 St. St. Ward)

2. FULL NAME Berthe Pederson Longstreth

(a) Residence, No. 3808 E. 63 St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. T. Longstreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	0	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pershing School

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) Unknown Wisconsin

FATHER

13. NAME Eric Pederson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Norway

MOTHER

15. MAIDEN NAME Eda Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Sweeden

17. INFORMANT (ADDRESS) Ayers Blocher 310 Rialto Bldg.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE APRIL 13 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomers Sons. K.C. Mo.

20. FILED Apr 12 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 P.

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

Coronary sclerosis

Chronic bifocus myocarditis

93 C

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) [signature], M. D.

(Address) [illegible]