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

Do not use this space.

15365

1. PLACE OF DEATH MAY 15 1937
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1911
City Kansas City (No. 3907 Norton St. Ward)

2. FULL NAME Bertha Harvey Lau
(a) Residence, No. 3907 Norton 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred J. S. Lau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15th1867

7. AGE: 69 YEARS, 4 MONTHS, 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Germany

FATHER
13. NAME: Unk. Deal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilhelma Theile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): I. W. Harvey, 1911 Myrtle

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE April 24 1937

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, 1800 Linwood

20. FILED Apr 23 1937 M M Morrow, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1937, to 4-22-, 1937
I last saw her alive on 4-21-, 1937 Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~4-8-37~~ Flu	4/8/37
92	
Other contributory causes of importance: Mitral Insufficiency	1-15-37

Name of operation ..... Date of .....
What test confirmed diagnosis? Dby 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) Tom Sawyer, M.D.
(Address) 1701 Jackson

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.