

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

8/ County Daviess
Township Union
City..... (No..... St..... Ward)

Registration District No. 250
Primary Registration District No. 5348

File No. 16195
Registered No. 10

2. FULL NAME Bertha June Rader

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 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 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 O. G. Rader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 4, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>55</u>	<u>9</u>	<u>28</u>	

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. Own Home

10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation Life

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., Missouri
(STATE OR COUNTRY)

13. NAME Sylvester Morrow

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

15. MAIDEN NAME --- Roe

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

17. INFORMANT O. G. Rader
(ADDRESS) R. R. 5, Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Centenary Cem. DATE April 4, 1937

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Missouri

20. FILED Apr. 3 1937 A. G. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1937, to April 2, 1937

I last saw her alive on Mar. 25, 1937. Death is said to have occurred on the date stated above, at 8:15 AM

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

Mitral Regurgitation

Date of onset

Other contributory causes of importance: aa

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? No

If so, specify.....

(Signed) P. P. Dashi, M. D.(Address) Gallatin, Mo.

