

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

Do not use this space.

JUN 15 1937
1. PLACE OF DEATH: County Bolinger Registration District No. 107
Township Liberty Priority Registration District No. 5104
City Rebo (No.) St. Ward)
2. FULL NAME Bertha Jansen
(a) Residence, No. near Rebolet Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 19387
Registered No.

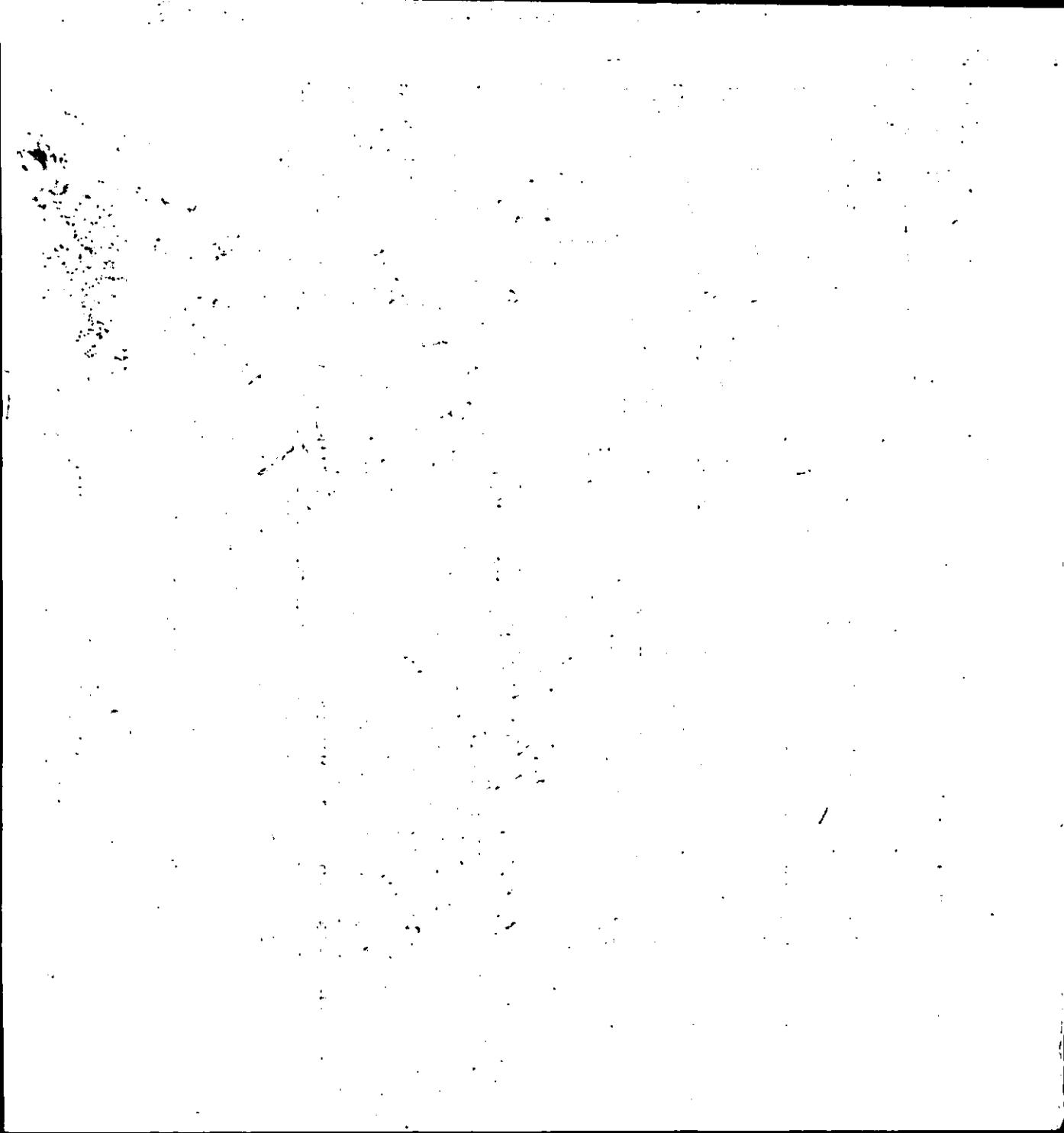
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX CP 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Louis Jansen
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27-1862
7. AGE YEARS 74 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm home
10. Date deceased last worked at this occupation (month and year) Mar. 1-1937 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
13. NAME Robert Holtzger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Victa Wisler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Gord Jansen
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Rebolet DATE Apr. 15 1937
19. UNDERTAKER R. J. Baker
(ADDRESS) Witesville Mo.
20. FILED 19 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 1937
22. I HEREBY CERTIFY, that I attended deceased from Jan. 1 1935, to Apr. 13 1937
I last saw her alive on Apr. 12 1937. Death is said to have occurred on the date stated above, at 5:30 p m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis Cardiac debilitation and General nervous break down. Date of onset
Other contributory causes of importance:
Age. Other Causes unknown.
Name of operation No Operation Date of
What test confirmed diagnosis Urinalysis 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) J. M. Finney, M. D.
(Address) Witesville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger Registration District No. 67 File No. 19387
Township Liberty Primary Registration District No. 5104 Registered No. 7
City (No.) St. Ward

2. FULL NAME

Bertha Jansen
(a) Residence, No. near Leafold mo St. Mo. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife of Louis Jansen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 27-1862</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>5</u>
		DAYS
		<u>17</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1 1937</u>	
	11. Total time (years) <u>life</u> spent in this occupation <u>to</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Robert Holtzer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Lida Fisher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Garet Jansen</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>		
PLACE <u>Leafold</u> DATE <u>Apr 15 1937</u>		
19. UNDERTAKER (ADDRESS) <u>A. J. Baker</u>		
20. FILED <u>7-22 1937</u> <u>Mrs. G. L. Sanders</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Apr 13 1937
I last saw her alive on Apr 12 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis, Cardiac dilatation and general nervous breakdown (Date of onset)

Other contributory causes of importance:
Age other causes unknown

Name of operation no operation Date of _____
What test confirmed diagnosis? urinalysis 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) J. M. Farney, M. D.
(Address) Raplan mo

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