

NOV 17 1937

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

Do not use this space.

37593

1. PLACE OF DEATH

County FRANKLINRegistration District No. 292Township ROEHFPrimary Registration District No. 3410

City

(No. _____)

St. _____ Ward _____

2. FULL NAME ELIZABETH BEREND

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES BEREND6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 26-18617. AGE YEARS 76 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.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. _____

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) HERMANN MO13. NAME CHRIST ROTHOFF14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME NEE SUMERFELD16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) [Signature]18. BURIAL, CREMATION, OR REMOVAL PLACE BERGER, MO DATE NOV 5, 193719. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER, MO20. FILED NOV 3, 1937 Jeffie Grunman Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 2, 193722. I HEREBY CERTIFY, That I attended deceased from OCT 15, 1937, to NOV 2, 1937I last saw h.s.r. alive on NOV 2, 1937. Death is saidto have occurred on the date stated above, at 3:15 P.M.

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

Chronic endocarditis and Mitral regurgitation whenOther contributory causes of importance: gla

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? L Date of injury L, 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? 3 If so, specify _____(Signed) Carl A. Pace D.O. M.D. (Address) Berger, Mo.

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Franklin Registration District No. 292
 (b) Township Boonville Primary Registration District No. 3410 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Elizabeth Berend
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 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:

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

- Other contributory causes of importance:
- 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

- FATHER 13. NAME

- FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

- MOTHER 15. MAIDEN NAME

- MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) GEORGE BEREND BERGER, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS) Herman Blumer Berger MO

20. FILED Nov 3 1937, Mar. Jeffie Gramman Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. (Signed) Carl H. Pace, M. D.
 (Address) Berger MO

was to occur Nov

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

