

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 40699

Township

Primary Registration District No. 100

Registered No. 1254

City St. Joseph

(No. St. Joseph's Hospital)

St.

Ward

2. FULL NAME

Gertrude W. Bingham

(a) Residence, No. 1524 Highland St.,

Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 42 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Bingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

9

10

OCCUPATION

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.

House work

10. Date deceased last worked at this occupation (month and year)

Sept 1937

11. Total time (years) spent in this occupation

23 yrs

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

Topeka Kansas

13. NAME

unknown

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

unknown unknown

15. MAIDEN NAME

unknown

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

unknown unknown

17. INFORMANT (ADDRESS)

Mrs A J Lasley 1711 St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sumner Valley Camp DATE Nov 17, 1937

19. UNDERTAKER (ADDRESS)

Heaton Beagle + Bowman St Joseph Mo

20. FILED

11-17 1937

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/11/37 19... to 11/14/37 19...

I last saw her alive on 11/14/37 Death is said

to have occurred on the date stated above, at 1:15 pm.

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

Osteomyelitis of Pelvis

Date of onset

Other contributory causes of importance:

Pelvic abscess

Name of operation Sequestrectomy Date of 10/11/37

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Kulawski M. D.

(Address) St. Joseph, Mo.

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

154

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40699
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 80-
(b) Township _____ Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. _____ Registered No. 1254
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Vertunde O. Bingham
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 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.
27 9 10
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 _____

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

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

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Feb 3 1938 H. J. Neettlebach
By J. J. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 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:

Osteomyelitis of pelvis
Pyogenic
Other contributory causes of importance:
pelvic abscess

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?
If so, specify _____
(Signed) J. Kulowski, M. D.
(Address) St. Joseph mo

SUPPLEMENTARY

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

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