

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Green Co. 1

Registration District No.

315

Township

Burge Hospital

Primary Registration District No.

2001

City

Springfield Mo.

Burge Hospital

File No.

10727

Registered No.

198

St.

Ward)

2. FULL NAME

(a) Residence No.

(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

Janice Lorraine Bertaldie 634

Marshfield Mo. St. Marshfield Mo. Ward.

(If nonresident, give city or town and State)

yrs. 6 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

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

Dec 2, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

✓

0

3

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Child

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

Marshfield Mo.

MOTHER FATHER

13. NAME

Oliver Charles Bertaldie

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

Marshfield Mo.

15. MAIDEN NAME

Lorraine Ray

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

Marshfield Mo.

17. INFORMANT (ADDRESS)

Oliver Bertaldie's Father
Marshfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wichita Cemetery

DATE

3-5

1938

19. UNDERTAKER (ADDRESS)

Oliver Bertaldie's Father
Marshfield Mo.

20. FILE

Mar 5 1938 Chas. G. Goff
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-4

1938

22. I HEREBY CERTIFY, That I attended deceased from

3-3

1938 to

3-4-

1938

I last saw her alive on

3-4

1938. Death is said

to have occurred on the date stated above, at 6:30 P. m.

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

Acute chronic Intoxication

Date of onset
3-1-38

Other contributory causes of importance:

Toxic Encephalitis

3-1-38

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? ho

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? ho

If so, specify

(Signed)

L. B. Beach, M. D.

(Address)

Springfield, Mo.

78

УССР ПАТЕНТНОЕ ТОВАРИЩЕСТВО
ВНЕШНЕЭКОНОМИЧЕСКИЕ СВЯЗИ
УССР ПАТЕНТНОЕ ТОВАРИЩЕСТВО
ВНЕШНЕЭКОНОМИЧЕСКИЕ СВЯЗИ

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10727
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2601 Registered No. _____
 (c) City Springfield (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

Janice Loraine Bertodis
 (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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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.
3 2

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 _____ 19__ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4, 1938

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:

anaphylactic Intoxication
acute intestinal intoxication 5d.
 Date of onset _____

Other contributory causes of importance: 119-15-

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) V. J. Busign, M. D.
 (Address) Springfield mo

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

SUPPLEMENTARY

