

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

Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH

County *St. Genevieve*
Township *St. Genevieve*
City *St. Genevieve* (No. _____) St. _____ Ward _____

Registration District No. *780*
Primary Registration District No. *4466*

File No. *22844*
Registered No. *35*

2. FULL NAME *Bertha Neil*

(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

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 4 1900*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 9

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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genevieve Missouri*

13. NAME *Stephen Roth*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genevieve Missouri*

15. MAIDEN NAME *Elizabeth Gross*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Genevieve Missouri*

17. INFORMANT (ADDRESS) *Hurry Neil St. Genevieve Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Genevieve* DATE *June 15 1938*

19. UNDERTAKER (ADDRESS) *Miss G. Baker St. Genevieve Mo*

20. FILED *June 13, 1938 T.W. Douglas Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 13, 1938*
22. I HEREBY CERTIFY That I attended deceased from *April 18th 1938*, to *June 13th 1938*, 1938.
I last saw her alive on *June 13th 1938*. Death is said to have occurred on the date stated above, at *4:25 A.M.*

The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Other contributory causes of importance: *Hemiplegia*

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) *Herbert J. Lause D.C.F.*
(Address) *St. Genevieve, Missouri*

WRITE PRINTED, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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