

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Cooper
 Township Praine Home
 City (No. _____) _____

Registration District No. 274
 Primary Registration District No. H-37
5305

File No. 25170
 Registered No. 3
 St. _____ Ward _____

2. FULL NAME Bertha Blank

452

(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 <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank N. Blank.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28-1880</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>57</u> | <u>11</u> |
| | | DAYS |
| | | <u>3</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | 11. Total time (years) spent in this occupation |
| 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) | | |
| 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Missouri</u> | | |
| 13. NAME <u>Otto Spieler</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>unknown</u> | | |
| 15. MAIDEN NAME <u>Margaret Young</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Indiana</u> | | |
| 17. INFORMANT <u>Lucille A. Blank Praine Home</u> (ADDRESS) | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Pleasant Grove Ev. Cem.</u> DATE <u>8-3-38</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Albert Hornbeck Praine Home</u> | | |
| 20. FILED <u>58742</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1938 to 7-31-38
 I last saw him alive on 7-31-1938 Death is said to have occurred on the date stated above, at 9A m.
 The principal cause of death and related causes of importance were as follows:
Cancer of
Cor Arteriosclerotic
Left Kidney
 Other contributory causes of importance: hypertension

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) A. L. Meredith, M. D.
 (Address) Praine Home Mo

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.

