

REC'D AUG 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis

Township Canton

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME John Henry Bertram

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

White

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Single

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

July 22, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.

74

0

6

OCCUPATION

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

Farmer

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)

Etna, Missouri

MOTHER FATHER

13. NAME

Henry Bertram

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

Germany

15. MAIDEN NAME

Louisa Dell

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

Keokuk, Iowa

17. INFORMANT
(ADDRESS)

Roy Bertram
Canton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Canton, Mo.

DATE

July 30, 1938

19. UNDERTAKER
(ADDRESS)

Earl H. Barkley
Canton, Mo.

20. FILED

July 30, 1938

H. W. Harris
Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 16, 1938, to July 28, 1938

I last saw him alive on July 27, 1938 Death is said

to have occurred on the date stated above, at 7: A. m.

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

Diabetic Hungering fast
and

Date of onset

Apr. 16

Other contributory causes of importance:

Diabetic Malnutrition

1930

Name of operation

Date of

What test confirmed diagnosis?

August 4, 1938 Was there an autopsy? yes

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

Accident, suicide, or homicide? Date of injury

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)

(Address)

P. H. Barkley
Canton, Mo.

420

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.

