

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

3405
Do not use this space.

REC'D JAN 14 1939

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 1102
 (b) Township Pemiscot Primary Registration District No. 7850
 (c) City Bragg City (d) Street No. 5170 Registered 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 Bertie Midkiff

(a) Residence, No. Bragg City 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF George W. Midkiff (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont know
 7. AGE YEARS 48+ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 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) June 1938 11. Total time (years) spent in this occupation life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1939 to Jan 8, 1939.
 I last saw h. so alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 1-4
48
 Other contributory causes of importance: Uterine Carcinoma

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

FATHER 13. NAME Jim Williams
 14. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME dont know
 16. BIRTHPLACE (CITY OR TOWN) d k (STATE OR COUNTRY)

17. INFORMANT George W. Midkiff (ADDRESS) Bragg City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti Mo. DATE 1/8/39

19. FUNERAL DIRECTOR Ray Und. Co. (ADDRESS) Hayti Mo.

20. FILED Jan 9, 1939 Wm F. R. Case Local Registrar. 541

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) W. L. Ryan, M. D.
 (Address) Hayti

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)