REC'D AUG 11 1939

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

25072
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 742
(c) City St. Joseph (d) Street No. 1204 Boyd 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 Bertha Miller 460 10
(a) Residence, No. 1204 Boyd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 27, 1883
7. AGE: Years 55, Months 10, Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): St. Joseph, Missouri 0

FATHER
13. NAME: Charles Harris 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Maryland 1

MOTHER
15. MAIDEN NAME: Caroline Odell 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Edward Miller 1204 Boyd
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: July 19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Graves Funeral Home 806 S. 17th, St.
20. FILED July 18, 1939 H. J. Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939 to July 15, 1939
I last saw her alive on July 14, 1939. Death is said to have occurred on the date stated above, at 55:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation due to Rheumatic Trouble	Dont Know
92	
Other contributory causes of importance: Rheumatic Arthritis	dont stand.

Name of operation: — Date of:
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No.

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) G. D. Seyton, M. D.
(Address) 525 So. 16th St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, A. T. Moore

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Mo.

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.)

If this body is not embalmed, above space should be left blank.