

REC'D AUG 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25836  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
 (b) Township Pruett Primary Registration District No. 6553B Registered No. 130  
 (c) City Jackson (d) Street No. Home for the aged  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George W. BERTMINGHAM

(a) Residence, No. Home St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul-4-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 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) Kearney (STATE OR COUNTRY)

FATHER 13. NAME James Birmingham

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

MOTHER 15. MAIDEN NAME Maria Spurgeon

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

17. INFORMANT Ernest Jackson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's R.C. Ch. 7/8/39

19. FUNERAL DIRECTOR (NAME) J. W. Green (ADDRESS) 3156 Broadway St. Mo.

20. FILED 7/17/39 James J. Barnes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-15-39 to 7-7-39

I last saw him alive on 7-6-39 Death is said to have occurred on the date stated above, at 4 a. m.

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

Acute respiratory

Date of onset

Other contributory causes of importance:

Name of operation clinical Date of 7/7  
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury 7/7/39  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home  
 Nature of injury at home

24. Was disease or injury in any way related to occupation of deceased? no  
 If so specify no

(Signed) J. W. Green, M. D.  
 (Address) at home

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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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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