

JAN 11 1939

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

42814
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85

(b) Township Washington Primary Registration District No. 1001

(c) City ST. JOSEPH (d) Street No. of Joseph's Hospital Registered No. 1292

(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BERTHA, M. MILLS

(a) Residence, No. 606 So 16th 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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NONE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-2-20

7. AGE YEARS 19 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

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

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) 12-1-39 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH - MISSOURI 0

FATHER 13. NAME L.P. MILLS 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAITLAND MISSOURI 0

MOTHER 15. MAIDEN NAME ALICE TARTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PLATTE CITY, MISSOURI

17. INFORMANT (ADDRESS) L.P. MILLS 606 So 16th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MTAUBURN DATE 12-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN.

20. FILED Dec 18 1939 J. J. Nestlebury Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1939, to Dec 15 1939

I last saw him alive on Dec 15 1939. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Acute mastoiditis

Other contributory causes of importance:

Streptococci { Septicemia 11-30-39
meningitis 12-11-39
12-14-39

Name of operation Mastoidectomy Date of Dec 3, 1939

What test confirmed diagnosis Exam. & Cult 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) James F. Berney, M. D.
85 (Address) 311 Kirkpatrick Way

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, or by me

....., Registered Apprentice No.

working under my personal supervision.

Signed

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address Joseph Me.

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.