

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.

OCT 17 1935

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

Do not use this space.

28588

1. PLACE OF DEATH

County Andrew

Registration District No. 8

Township

Primary Registration District No. 4008

City Amazonia

(No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Bertha Jenni

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Jenni

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 28

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

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) Richmond (STATE OR COUNTRY) Mo

13. NAME John Zimmerman

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

15. MAIDEN NAME Macdonald Gist

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

17. INFORMANT Christ Jenni (ADDRESS) Amazonia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 9-22 1935

19. UNDERTAKER E. G. Breit (ADDRESS) sonannah Mo

20. FILED Sept 20 1935 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th 1935, to Sept 18 1935

I last saw her alive on Sept 16 1935. Death is said

to have occurred on the date stated above, at 10:22 a.m.

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

Mitral insufficiency Date of onset

Other contributory causes of importance:

Arteriosclerosis

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? No

If so, specify

(Signed) O. P. Kelly, M. D.

(Address) Savannah Mo.

