MAY 8 1939

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

14083
Do not use this space.

1. PLACE OF DEATH
(a) County ~~Sat~~ Adair Registration District No. 4
(b) Township Primary Registration District No. 3001 Registered No. 111
(c) City Kirksville (d) Street No. Girl-Smith Hosp. 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. 3 ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Bernice High
(a) Residence, No. St. Milan Mo
(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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED (write the word)
F M	W	~~MARRIED~~

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Alfred High

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 30, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer's Wife
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) Milan Mo

FATHER
13. NAME O. M. Seals
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

MOTHER
15. MAIDEN NAME Lydia A Helms
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

17. INFORMANT (ADDRESS) Alfred High Milan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan Mo DATE April 30 1939

19. FUNERAL DIRECTOR (ADDRESS) Caschedre Milan Mo

20. FILED May 5 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26 1939 to April 29 1939
I last saw h~~e~~ alive on April 28 1939 Death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia left lower	4-5-39
Other contributory causes of importance: Lobar Pneumonia Rt lower	4-24-39

Name of operation none Date of
What test confirmed diagnosis? X-ray 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) A. B. Caldwell, M. D.
(Address) Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
1 X12004

RECEIVED
District Health Officer No. 10
District File Number 10-39-770
Date Filed MAY 15 1939

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

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

L. E.

No. 2016 or by, Registered Apprentice No.

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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.)