

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

Do not use this space.

19837

**1. PLACE OF DEATH**

County .....

Registration District No. 791

File No. ....

Township .....

Primary Registration District No. 1003

Registered No. 5862

City (No. Peoples Hospital) .....

St. .... Ward)

**2. FULL NAME**

Bertha Hawthorne

(a) Residence. No. South Knolock Park 21 Ward. South Knolock Park, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Chas Hawthorne

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

abt. 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife 1893

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

10. NAME OF FATHER

Melvin Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Catherine Gilbert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14. INFORMANT

(Address)

Chas Hawthorne  
101 Knolock Park

15. FILED

22 1931

Max E. Starnon

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

20

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 18 1931

17. I HEREBY CERTIFY, That I attended deceased from

1701 Dupre in attendance  
....., 19....., to ..... 19....., 19....., and that death occurred, on the date stated above, at 5:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis  
due to Ruptured Appendix  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. W. Ferner, M.D.  
(Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mardian Maus

5-25 1931

20. UNDERTAKER

ADDRESS

Hutton and Son 2719 Chouteau  
ave

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.

