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.

DEC 18 1934

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

Do not use this space.

35038-A

1. PLACE OF DEATH
County Washington Registration District No. 885 File No.
Township Bellevue Primary Registration District No. 6177 Registered No. 11
City (No. , St. Ward)

2. FULL NAME Bertha Cayringer
(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Harry Cayringer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-14-1895
7. AGE YEARS 39 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Washington Co Mo

FATHER
13. NAME Thomas M. Tullock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER
15. MAIDEN NAME Mary F Hardin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Thomas M. Tullock Shirley Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo DATE 9.13 1934
19. UNDERTAKER (ADDRESS) White & Hill Bismarck Mo
20. FILED Dec 8 1934 Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1934, to Sept 7 1934
I last saw her alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of Mandible Bone
5 [illegible] 83
Date of onset
Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X Ray 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?
If so, specify
(Signed) E M Bryan MD, M. D.
(Address) Bismarck Mo