CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUN 17 1937

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No. 19463

Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 554

City ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME BERTHA GLADYS BINNICKER

(a) Residence, No. R.F.D.#5, SPRING GARDEN St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: WIFE OF ERNEST BINNICKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 14, 1905

7. AGE: YEARS 31 — MONTHS 5 — DAYS 25 — 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.: HOME
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): BUCHANAN COUNTY, MO.

FATHER

13. NAME: HENRY MITCHELL,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN INDIANA

MOTHER

15. MAIDEN NAME: MYRTLE FRAKER,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN MISSOURI

17. INFORMANT (ADDRESS): ERNEST BINNICKER, R.F.D.#5 ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM DATE MAY 12, 1937, 19

19. UNDERTAKER (ADDRESS): ELEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED May 12, 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 9, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1", 1937, to May 9", 1937

I last saw her alive on May 9", 1937. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

	Date of onset
Acute infectious gastro-enteritis	4/30/37
Other contributory causes of importance:	
Subacute glomerular nephritis	4/4/37
Hypertension	1931

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) M. H. Talty, M. D.

(Address) 508 Corby Bldg. St. Joseph Mo.

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NOV 9 1944

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 19463

Township — Primary Registration District No. 1001 — Registered No.

City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME Bertha Gladys Binnicker

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	5	25	

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/3 1937 H J Nesterush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
acute infectious gastro enteritis	
120 B	

Other contributory causes of importance:

Subacute glomerular nephritis. Hypertension

Cause of nephritis → acute enteritis.

Name of operation ..... Date of .....

What test confirmed diagnosis? Not puerperal Was there an autopsy? M.H.T.

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) M. H. Talty, M. D.

(Address) St Joseph Mo

SUPPLEMENTARY

5-19463