

REC'D APR 21 1938

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

11510

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 5-75-
 (b) Township Willow Fork Primary Registration District No. 4339 Registered No. _____
 (c) City Tipton (d) Street No. _____
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Jane Alderson 436
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Thomas Alderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Indiana

13. NAME Robert L. Cashat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County North Carolina

15. MAIDEN NAME Anna L. Stout

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

17. INFORMANT (ADDRESS) Dora Cashat Tipton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE 3-5- 1938

19. FUNERAL DIRECTOR (ADDRESS) James E. Richards Tipton Mo.

20. FILED 3-2 1938 Mrs Sarah Frye Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938, to Feb. 28, 1938.
 I last saw her alive on Feb. 28, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Heart Clot Date of onset

Other contributory causes of importance:
Chronic Bronchial
Asthma

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician 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) S. H. Redman, M. D.
 (Address) Tipton, Mo.

507 (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.

MAILED & RESERVED FOR BINDING

V. S. 2.
90M-7-20-37

X 12004

STATEMENT BY LICENSED EMBALMER

I, Jessie-E-Richards, Licensed Embalmer No. 2464
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Jessie-E-Richards
Licensed Embalmer No. 2466

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.)