

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

Do not use this space.

31354-A

1. PLACE OF DEATH

5 County Barnes Registration District No. 21
Township 1 Primary Registration District No. 6240
City Butterfield (No. _____) St. _____ Ward _____

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Bertha Viola Reed

(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 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1889
7. AGE YEARS 43 MONTHS 0 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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 23 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

13. NAME Frank Cartwright

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

15. MAIDEN NAME Weldia Hargrow

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

17. INFORMANT Joe Reed
(ADDRESS) Butterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Church DATE Oct. 10, 1932

19. UNDERTAKER Blansenship
(ADDRESS) _____

20. FILED 1-9 1933 Matie Blansenship
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931 to Oct 8, 1932
I last saw her alive on Oct 8, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Chronic Valvular Heart Disease
Rheumatism
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. A. Hall, M. D.

(Address) Purdy, Mo.

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.

JAN 21 1933

WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD

