

DEC 20 1934

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

Do not use this space.

40536

## 1. PLACE OF DEATH

County St. Francois  
Township Randolph  
City Desloge, Mo. (No. \_\_\_\_\_)

Registration District No. 779  
Primary Registration District No. 6024A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bertha M. Jones

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 1 16

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

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) St. Louis Mo.13. NAME Peter Jaergensen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark15. MAIDEN NAME Katherine Riley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT C. E. Jones  
(ADDRESS) Desloge, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Parkview DATE Nov. 21, 193419. UNDERTAKER C. J. Boyer  
(ADDRESS) Desloge20. FILED 12/8 1934 W. F. Hurlburt  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27 1933, to Nov. 19 1934  
I last saw her alive on Nov. 19 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Myocarditis  
Coronary disease  
Multiple emboli with thromboses.

Date of onset 1931

Other contributory causes of importance \_\_\_\_\_

Oct. 1 -  
Multiple emboli with thromboses.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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 \_\_\_\_\_, 1934

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) J. S. Watkins, M. D.  
(Address) Desloge, Mo.

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.

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The first part of the report deals with the general conditions of the country, and the second part with the details of the various districts. The first part is divided into two sections, the first of which deals with the general conditions of the country, and the second with the details of the various districts. The second part is divided into two sections, the first of which deals with the details of the various districts, and the second with the details of the various districts.

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