

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.

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

Do not use this space.

28135

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Township Sealed Primary Registration District No. 3032  
 City Sealed No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 231

2. FULL NAME Catherina H. Sperber  
 (a) Residence No. 1229 West 10th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3: SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

35A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.P. Sperters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 11 25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Montana Co  
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Nicholas Huffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Barr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

14. INFORMANT J.P. Sperters  
 (Address) Sealed Mo

15. FILED 8-29-28 J.S. Love  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 13<sup>th</sup> 1928, to Aug 19<sup>th</sup> 1928 that I last saw her alive on Aug 19<sup>th</sup> 1928 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
Interstitid

1290  
Chronic (duration) 2 yrs. 1 mos. da.  
 CONTRIBUTORY (SECONDARY) 131  
Myocarditis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis  
 (Signed) Leard B. Bohling, D

Address Sealed Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Montana Co  
no DATE OF BURIAL 8/21 1928

20. UNDERTAKER McLaughlin Bros  
 ADDRESS Sealed Mo

