

STATE OF NEBRASKA

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DATE OF ISSUANCE

JUN 19 2012

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

Form 243

CERTIFICATE OF DEATH

CHARLES W. BRYAN, GOVERNOR
 DEPARTMENT OF HEALTH AND WELFARE
 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH Douglas 424 State Neb Registered No. _____
 County _____ or _____
 Township Quana No. 3323 base sh or _____
 City Quana No. 3323 base Ward 3727
 (If death occurred in a hospital or institution, give its name instead of registered number)

2 FULL NAME Bertha Klein
 (a) Residence No. 3323 base St. _____ Ward _____
 (Usual place of abode) (If non-resident 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 Color or Race White Single, Married, Widowed, or Divorced (Write the word) Widow

5a If Married, Widowed, or Divorced HUSBAND or (or) WIFE of Jacob Klein

6 DATE OF BIRTH (Month, day, and year) Jan 20

7 AGE Years 97 Months 3 Days 1 If LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) House wife
 (c) Name of employer _____

9 BIRTHPLACE (City or town) (State or country) Hungaria

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (City or town) (State or country) Hungaria

12 MAIDEN NAME OF Bertha Klein

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Hungaria

14 Informant Mrs R. Hupfberg
 (Address) 2758 Chicago St.

15 Pres # 12-31 Filed 12-31 1924
St. J. Pinto, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) April 21 1924

17 I HEREBY CERTIFY that I attended deceased from April 18 1924 to April 21 1924 that I last saw her alive on April 21 1924 and that death occurred, on the date stated above, at 11:40 m. The CAUSE OF DEATH* was as follows:
Acute dilatation of the heart
 (duration) _____ yrs. mos. ds. 90

CONTRIBUTORY Asthma acute
 (Secondary) (duration) _____ yrs. mos. ds. 4

18 Where Was Disease Contracted Quana Neb if Not at Place of Death? _____
 Did an Operation Precede Death? _____ Date of _____
 Was There an Autopsy? _____
 What Test Confirmed Diagnosis? _____
 (Signed) H. Hirschman, M.D.
4-23, 1924 Address 436 Brandeis Theatre

19 Place of Burial, Cremation, or Removal Pleasant Hill Date of Burial 4-24 1924
 Address _____

20 Undertaker M. Blauk Address 724 S 038 St