

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

Do not use this space.

6781

MAR 23 1936

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Miss La Motte Mo. Primary Registration District No. 6230
 City Miss La Motte Mo. St. _____ Ward _____

2. FULL NAME Betty Pirtle
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos Pirtle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>10</u>	<u>12</u>	

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 _____

12. BIRTHPLACE (CITY OR TOWN) St. Francois Co., MO.
 (STATE OR COUNTRY) _____

MOTHER FATHER

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Thos Pirtle
 (ADDRESS) Miss La Motte Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cross Roads, Mo. DATE Feb 9 1936

19. UNDERTAKER Ed. H. Webb
 (ADDRESS) Fredericktown, Mo.

20. FILED Feb 8 1936 B. C. Slaughter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1934, to Aug 1936
 I last saw her alive on Feb 5 10 AM 1936. Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: 3

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 _____ 1936
 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) M. P. Barber, M. D.
 (Address) Fredericktown, Mo.

By E. A. Schwanev

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.

THIS IS A PERMANENT RECORD

