

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

Do not use this space

2642

**1. PLACE OF DEATH**

County New Madrid Registration District No. 55  
 Township Stanton Primary Registration District No. 4033  
 City Sikeston (No. ....) St. .... Ward .....

File No. 7  
 Registered No. 801

**2. FULL NAME**

Carrie Hartle

(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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>15</u>	<u>10</u>	<u>13</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Papier Bluff Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER J. Hartle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Molly Killian

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

14. INFORMANT Ava Hartle  
 (Address) Sikeston

15. FILED Feb 10, 1929 M. V. Mumma  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1929

17. I HEREBY CERTIFY that I attended deceased from 1-15, 1929, to 1-28, 1929 that I last saw him alive on 1-27, 1929, and that death occurred, on the date stated above, at 28, 29-59 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia

CONTRIBUTORY (SECONDARY) 101A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 101A  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. J. Johnson, M. D.

, 19 (A) 29

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

19. PLACE OF BURIAL, CREMATION Stansfield DATE OF BURIAL Jan 29 1929

20. UNDERTAKER A. B. Mccluney ADDRESS Sikeston Mo

PHYSICIANS should state CAUSE OF DEATH in terms of OCCUPATION is very important. N. B.—Every item of information should be given in full, so that it may be properly used.

1929  
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