

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.

MAY 28 1930

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

Do not use this space.

15182

1. PLACE OF DEATH *Webster*  
County.....  
Township *E. Benton*  
City..... (No.....) St..... Ward.....  
Registration District No. *898*  
Primary Registration District No. *6203*  
File No.....  
Registered No. *LS*  
St..... Ward.....

2. FULL NAME *Lester Sartin*  
(a) Residence. No..... St..... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred *5* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Boy*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *4-7-1925*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*5* ~~2~~ *21*  
8. OCCUPATION OF DECEASED *Child*  
(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) *Webster Co Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Lee Sartin*

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

12. MAIDEN NAME OF MOTHER *Opel Pirtle*

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

14. INFORMANT *W. P. Pirtle*  
(Address) *Sley Springs Mo*

15. FILED *4-29-30* *John W. Hood* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-28-1930*

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to *4-28-*, 19\_\_\_\_, that I last saw him *alive* on *4-28-*, 19\_\_\_\_, and that death occurred, on the date stated above, at *129 B* a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Intussusception (Locked bowels)*  
*129 B*  
CONTRIBUTORY (SECONDARY) *118 B2*

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? *at place of death*

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *usual sign*  
(Signed) *S. O. H. Williams*, M. D.  
*4-28, 1930* (Address) *Fordland, 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 *Candlerwell Chappell* DATE OF BURIAL *4-29-1930*

20. UNDERTAKER *E. F. Starr* ADDRESS *Fordland*

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