

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

Do not use this space.

34713

1. PLACE OF DEATH

7 County Bates Registration District No. 50
 3 Township _____ Primary Registration District No. 3004
 4 City Butler (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 78

2. FULL NAME

America A. Fortner
 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William F. Fortner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Louscups</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cross Co Missouri</u>	
FATHER	13. NAME <u>Jacob Washington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Edriss</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS)	<u>Case Fortner, Butler, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Crescent Hill, Nov 20, 1932</u>	
19. UNDERTAKER (ADDRESS)	<u>Culver, Butler Mo.</u>	
20. FILED	<u>Nov. 20, 1932 Nina L Culver Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Nov 18, 1932
 I last saw him alive on Nov 18, 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

<u>B. I. O. T. A.</u>	Date of onset
<u>Cerebral pneumonia</u>	
<u>Cerebral hemorrhage</u>	
Other contributory causes of importance: <u>B. I. O. T. A.</u>	
<u>Cerebral hemorrhage</u>	

(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 _____, 19____
 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) Carter H. Linder, M. D.
 (Address) Butler Mo.

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.

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