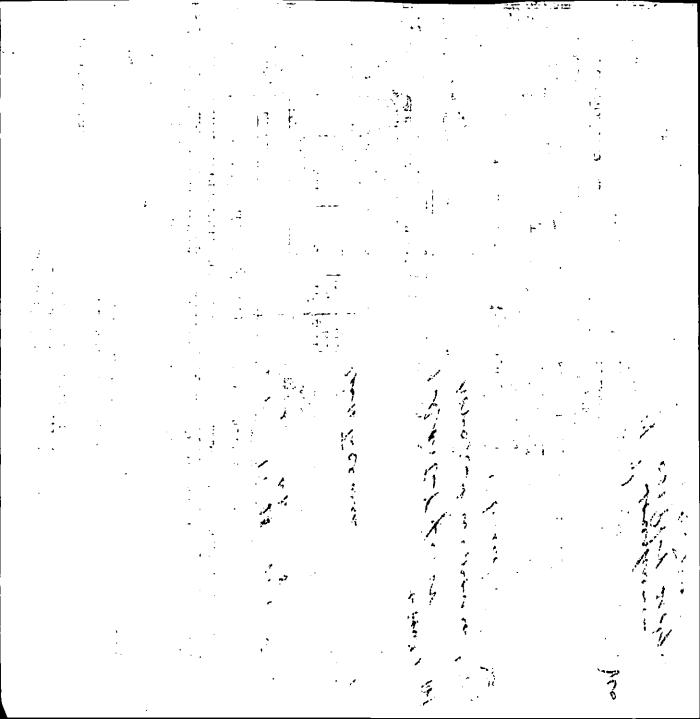
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do no	ot use	this	space.
1	34	9	1

1. PLACE OF BEATH County Acksoz	Registration Dist	rict No	365	File No	***************************************		
Township Lau	Primary Registrat	tion District No	100	Registered No	1897		
City Kaneas City (No)	Store	kee) I	Loupeta	St	Ward)		
2. FULL NAME Marie	Ortne	er					
(a) Residence, No. Clinton, M.	in exercis	¥.	Ward.	***************************************	***************************************		
(Usual place of abode) Length of residence in city or town where death occurred	yrs. moi	i. da. Ho	(If no wlong in U.S., if of fo	nresident, give city or reign birth? yrs.			
Design of residence in the or town where down occurred	,15						
PERSONAL AND STATISTICAL PARTIC	CULARS	1 3	MEDICAL CERT	IFICATE OF DE	EATH		
3. SEX 4. COLOR OR RACE DIVORCED (Write Color of	te the word)	21. DATE OF	DEATH (MONTH, DAY, AI	NO YEAR) OKN.	. 25 .1933		
SA, IF MARRIED, WIDOWED, OR DIVORCED	FY, That I att	tended deceased from					
HUSBAND OF A O TOMES		104	7.50	2 7 . IT U			
That saw in the division of the Death is							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS	l. If LESS than 1			above, atr	m. rtance were as follows:		
2.1 5 13	day,hrs.				Date of onset		
8. Trade, profession, or particular] ormin.	100	Tanana.				
	vife	1/2	7/7 (3)				
9. Industry or business in which work was done, as allk mill,	·····	2					
saw mill, bank, etc	ime (vears)		9 W				
	t in this pation	Other contribu	itory causes of imports	ince:	4/12/		
12. BIRTHPLACE (CITY OR TOWN) Reenels							
(STATE OR COUNTRY)					4/2/1		
13. NAME James L. Blee							
13. NAME JAME J. Blee 14. BIRTHPLACE (CITY OR TOWN) CITED (STATE OR COUNTRY)		Name of operations	ation firmed diagnosis?	·	e an autopsy?		
(313.239000113.1)	Int. 1		vas due to external cau		•		
					ury, 19		
0 16. BIRTHPLACE (CITY OR TOWN) Mediandard (STATE OR COUNTRY)			Where did injury occur?				
1 76-		Specify wheth	er injury occurred in in	idustry, in nome, or in	public place.		
17. INFORMANT (ADDRESS) CLEATED THO	,	Manner of inj	ury	•••••			
18. BURIAL, CREMATION, OR REMOVAL	27	Nature of injustic	ry				
PLACE TO LINEW / 100 DATE WAY	19.5	'II	e or injury in any way	related to occupation	of deceased?		
19. UNDERTAKER OWN HOW ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	sonal	If so, specify					
11/125 33 72 50 1	227411-4	(Signed)	7	OLA R	, M. D.		
20. FILED 20. 19. 3 19.	A Registrar.	(Add	ress) f 6. Z. Z				



Secretary State Board of Health, Jefferson City, Missouri.

My dear Doctor:

You no doubt have received a letter from Dr. R. S. Hollingsworth of Clinton, Missouri for a certified copy of the death certificate on Mrs. Ortner who died at St. Luke's Hospital about a week ago.

to me and a diagnosis of Scarlet Fever was made by myself, Dr. Stockey and Dr. B. Hamilton. The patient died and I signed the death certificate "Septicemia, Scarlet Bever and Broncho Pneumonia" The Burial Permit that was sent with the body to Clinton, Missouri, showed only Septicemia and a public funeral was held.

Dr. Hollingsworth had sent this patient from Clinton up

Dr. Hollingsworth had told this lady's friends and relatives that she had Scarlet Fever and when nothing showed on the Burial Permit that she had Scarlet Fever, they felt that he had not been honest with them.

It is for this reason that Dr. Hollingsworth would like to have a certified copy of the death certificate, so he can show her relatives that he was not telling them an untruth.

I am simply writing you this so that you may know the reason for Dr. Hollingsworth wanting a copy of the certificate which I signed.

Sincerely,

Dr. H. P Boughnou.

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