

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 20 1933

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

Do not use this space.

15581

1. PLACE OF DEATH
 1 County Alfuer Registration District No. 4
 2 Township Gettysburg Primary Registration District No. 3.001
 1 City Gettysburg Mo (No. Ellig Stickers Hosp) St. _____ Ward _____
 2. FULL NAME Estelle Belle Hertzler
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 33
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 4 hrs
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) Furkville Mo.
 FATHER
 13. NAME Lawrence Hertzler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co.
 MOTHER
 15. MAIDEN NAME Mary Belle Spencer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co.
 17. INFORMANT (ADDRESS) Mr. Lawrence Hertzler
Elmer Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE State County DATE May 21 33
 19. UNDERTAKER (ADDRESS) D. R. Ely
St. Louis Mo.
 20. FILED 5728, 19 33 Mo. C. N. Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 20 - 9:15 A.M. 33 to May 20, 1933
 I last saw h. w. alive on May 20, 1933 Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
premature birth Date of onset _____
154
159
 Other contributory causes of importance _____
 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) R. R. Ellis, M. D.
 (Address) Furkville, Mo.

Laura T. Iriglen
Mason Co.

Mary Belle Spencer
Mason Co.

Esther Belle