

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

Do not use this space. ✓

36366

File No. \_\_\_\_\_  
Registered No. 376 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township B. 1st Primary Registration District No. 3019  
City Independence, Mo. Independence St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Martha Elizabeth Ertter  
(a) Residence, No. 1831 Overturf St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	17	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) Antwerp Ohio

13. NAME Evel Ertter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antwerp Ohio

15. MAIDEN NAME Hazel Good wife

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Ark

17. INFORMANT (ADDRESS) Mrs. Carl Good wife

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Nov 26- 1933

19. UNDERTAKER (ADDRESS) Carbon Funeral Home

20. FILED Nov 27 1933 Dr. F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-33

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1050

The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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? No.

If so, specify \_\_\_\_\_

(Signed) Wendell R. Jones, M. D.

(Address) Box 3 - Jess Summit 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.

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

JAN 4 1934

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