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 25 1934

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

Do not use this space.

ORIGINATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14172

Township ..... Primary Registration District No. 1003 Registered No. 3282

City St. Louis (No. ..... St. ..... Ward)

2. FULL NAME Betty Mae Poertner

(a) Residence, No. 1[illegible] St., N R Ward. Allenton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Mo.

FATHER

13. NAME Elmer Poertner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenton Mo.

MOTHER

15. MAIDEN NAME Stella Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Spring Mo.

17. INFORMANT (ADDRESS) Grace Barry 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allenton Mo DATE 4-1 1934

19. UNDERTAKER (ADDRESS) Thiebes Und Co Pacific Mo

20. FILED APR -2 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1934, to April 1, 1934

I last saw her alive on April 1, 1934 Death is said to have occurred on the date stated above, at 1 p m.

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

Pertussis — Date of onset 3-17

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? No 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) John Eschenbaum M. D.

(Address)

ORIGINATION HOSPITAL