

16-156

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

Do not use this space.

SEP 20 1934

29401

1. PLACE OF DEATH

County

Township

City

Jackson  
Lawrence  
Kansas City, Mo.

Registration District No.

Primary Registration District No.

No.

St. Mary Hospital

File No.

Registered No.

St.

Ward

3818

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Etta Alice Purtle  
Lawrence, Kansas

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

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

John G. Purtle

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

11-17-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

43

8

27

OCCUPATION

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

House Wife

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)

Callins Mo

13. NAME

W. S. Birdsong

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

Missouri

15. MAIDEN NAME

Lezzie Mestler

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

Missouri

17. INFORMANT (ADDRESS)

J. Purtle Paul<sup>+</sup> Lawrence Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Callins Mo, DATE 8/15/34

19. UNDERTAKER (ADDRESS)

C. V. MAST FUNERAL HOME 3146 Main St. 8714 34th St. Crown

20. FILED

19 34th St. Crown Registrar

MEDICAL CERTIFICATE OF DEATH

3

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

8-13

1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1934 to Aug 13, 1934

I last saw her alive on Aug 13, 1934 Death is said to have occurred on the date stated above, at 6 p.m.

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

Date of onset

Surgical shock  
1934  
9:30

Other contributory causes of importance:

Chronic Myocarditis

Pelvic Inflammatory disease

Name of operation Laparotomy Date of Aug 13/34

What test confirmed diagnosis? Clinico Was there an autopsy? 1/2

23. If death was due to external causes (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?

If so, specify

(Signed) H. J. McKenna, M. D.

(Address) 5552 B. Ave

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.

Dr. M. Kenna

# Va 8554

Hull of Osceola Mo drove in for.  
remains 8-15-34

It was not prepared.

Whether Janssen or  
Steph I don't know.

Autopsy was not granted  
189 M. C. ~~...~~

56)-29401

HE/818

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Etta Alice Purtle  
Who died at \_\_\_\_\_ on Aug 13 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex ♀ Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 43 Months 8 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Perennial Shock. Chorea Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Bellevue Infectious disease  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician H. J. Mc Kenna  
Address of physician 3552 Broadway  
Signature of Registrar M. M. Brown Date filed 8/14/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

Very truly yours,  
E. J. Mc Garry M.D.  
S.A.

Special Agent.

5(2)-29421