

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.

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

Do not use this space.

JUN 25 1935

13537

1. PLACE OF DEATH

County Madison Registration District No. 538
Township _____ Primary Registration District No. 3028
City Fredericktown (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Ma Amanda Paralee Pirtle

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 13

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) Jackson Tenn

13. NAME John Scott

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

15. MAIDEN NAME Loretta Bennett

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

17. INFORMANT (ADDRESS) Frank Pirtle Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorie Cem. DATE April 17 1935

19. UNDERTAKER (ADDRESS) Ed N. Webb Fredericktown Mo.

20. FILED Apr 17 1935 S. C. Slaughter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Apr 15 1935
I last saw her alive on Apr 15 1935 Death is said to have occurred on the date stated above, at 5:35 P.M.

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

Senile Decay - Injury
Thrombosis of
Heart - & Pulmonary
Embolism

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? fall down stairs
(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) M. B. Bassler M. D.
(Address) Fredericktown, Mo.

992

