

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

Do not use this space.

19136

1. PLACE OF DEATH

County Capital Registration District No. 125
 Township North Primary Registration District No. 3009
 City Capital St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1305 Broadway St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.P. Martle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 18 - 1866</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>3</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Bellinger Co. Mo

13. NAME Thomas Debaugh

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

15. MAIDEN NAME Nancy Ann

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

17. INFORMANT (ADDRESS) J.P. Martle

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park 18 _____ 1935

19. UNDERTAKER (ADDRESS) W. Jackson

20. FILED 16 1935 J.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1935 to 6/16 1935

I last saw him alive on 6/16 1935 Death is said to have occurred on the date stated above, at 7:48 a.m.

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

Paralytic Illness Date of onset 4/1/35

Other contributory causes of importance: _____

Name of operation Lap + Paralytic Date of _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

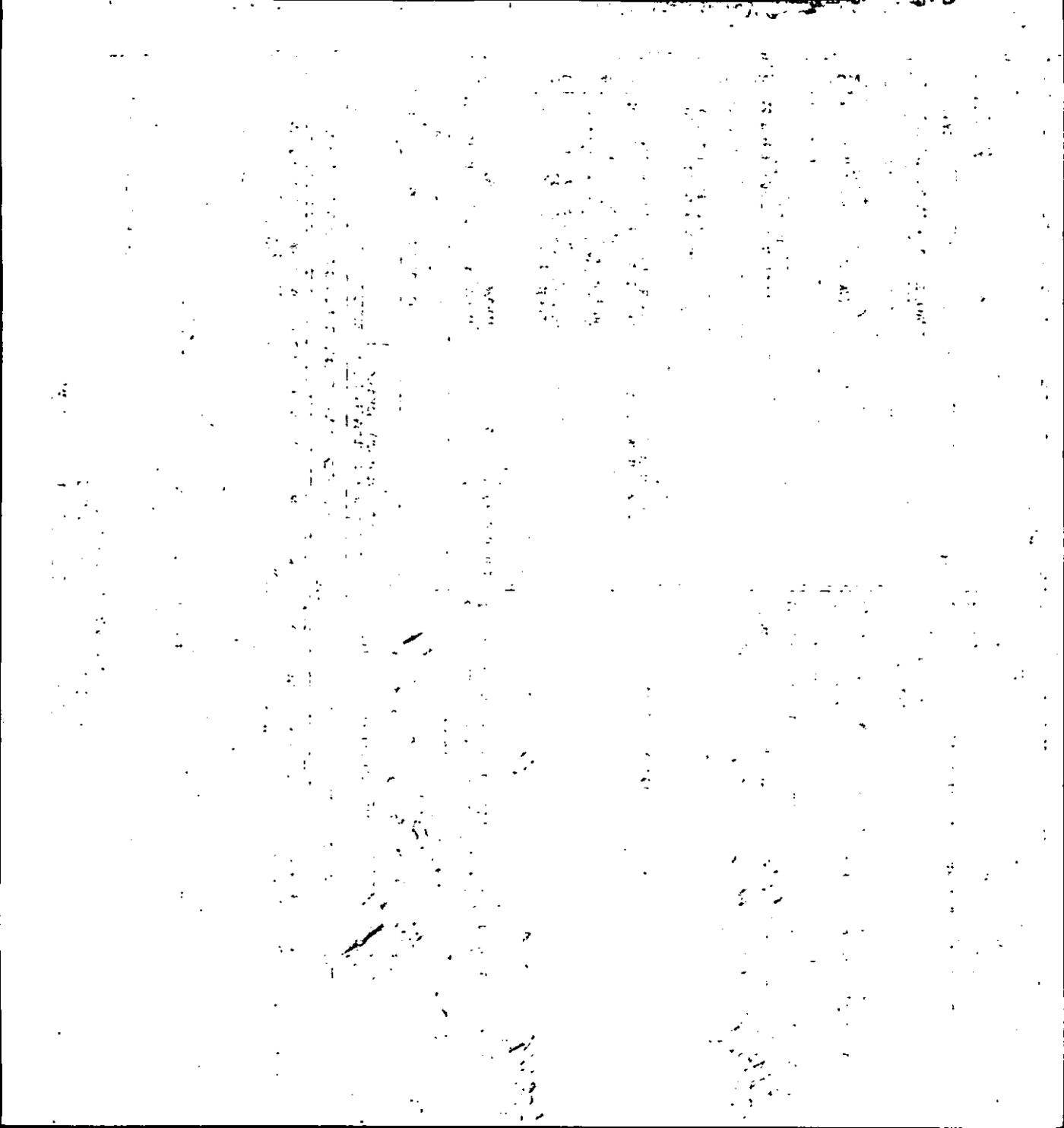
Where did injury occur? _____ (Specify city or town, county, and State)

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) J.P. Martle M. D. (Address) Capital Missouri Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 19136
Township _____ Primary Registration District No. 3009 Registered No. 159
City Cape G. (No. Southeast Mo. Hosp. St. Ward)

2. FULL NAME

Preshia Victoria Seabrough Wirtle
(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 3 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 28

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-7-36 19 36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Paralytic Ileus -
Operated for Intestinal Obstruction and Peritonitis
and Peritonitis
Other contributory causes of importance: No further information
Laparotomy

Date of onset

Name of operation 2 - Date of 4-6-35

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) C. L. Seabrough, M. D.
(Address) Cape Girardeau Mo

SUPPLEMENT

Jim. Thompson

S-19136