NOV 18 1935

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

Do not use this space.

31997

1. PLACE OF DEATH
County: Butler — Registration District No.: 89
Township: — Primary Registration District No.: 3007 — File No.:
City: Poplar Bluff — Brandon Hospital — St. — Ward) — Registered No.: 207

2. FULL NAME: T. F. Fortner

(a) Residence, No. (Usual place of abode) St., Ward. Bloomfield Mo (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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-12-1860

7. AGE: Years 74 | Months 8 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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~~): Illinois

FATHER
13. NAME: Robert Fortner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Missouri

MOTHER
15. MAIDEN NAME: Hattie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Roy Fortner Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bloomfield DATE: 10-15 1935

19. UNDERTAKER (ADDRESS): Gill and Co Bloomfield Mo

20. FILED: 10-14 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1935 to Oct. 14 1935
I last saw him alive on Oct. 14 1935. Death is said to have occurred on the date stated above, at 1:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous bowel due to strangulated inguinal hernia	10/8/35

Other contributory causes of importance:

Strangulated hernia	

Name of operation: Herniotomy Date of: 10/9/35
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? No
If so, specify
(Signed) H. L. Brandon, M. D.
(Address) Poplar Bluff, 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

MARGIN RESERVED FOR BINDING

S. No. 2