

APR 20 1936

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

Do not use this space.

10415

1. PLACE OF DEATH

County Jackson
Township 5th Bar
City Blue Springs R.F.D.

Registration District No. 3915
Primary Registration District No. 2357A

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

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

George Frank Ertle

Blue Springs, Mo. Ward R.F.D.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 14

OCCUPATION 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. Mechanics
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) Jerusa Ind

MOTHER 13. NAME Georg F Ertle

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

15. MAIDEN NAME Maggie Stewart

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

17. INFORMANT (ADDRESS) Parent Ertle
3504 S. 1st St. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood R.C. Mo DATE 3-31-36

19. UNDERTAKER (ADDRESS) R. B. Smith
Blue Springs, Mo

20. FILED Apr 12, 1936 F. W. Little Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
Duffy, Emma
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance were as follows:

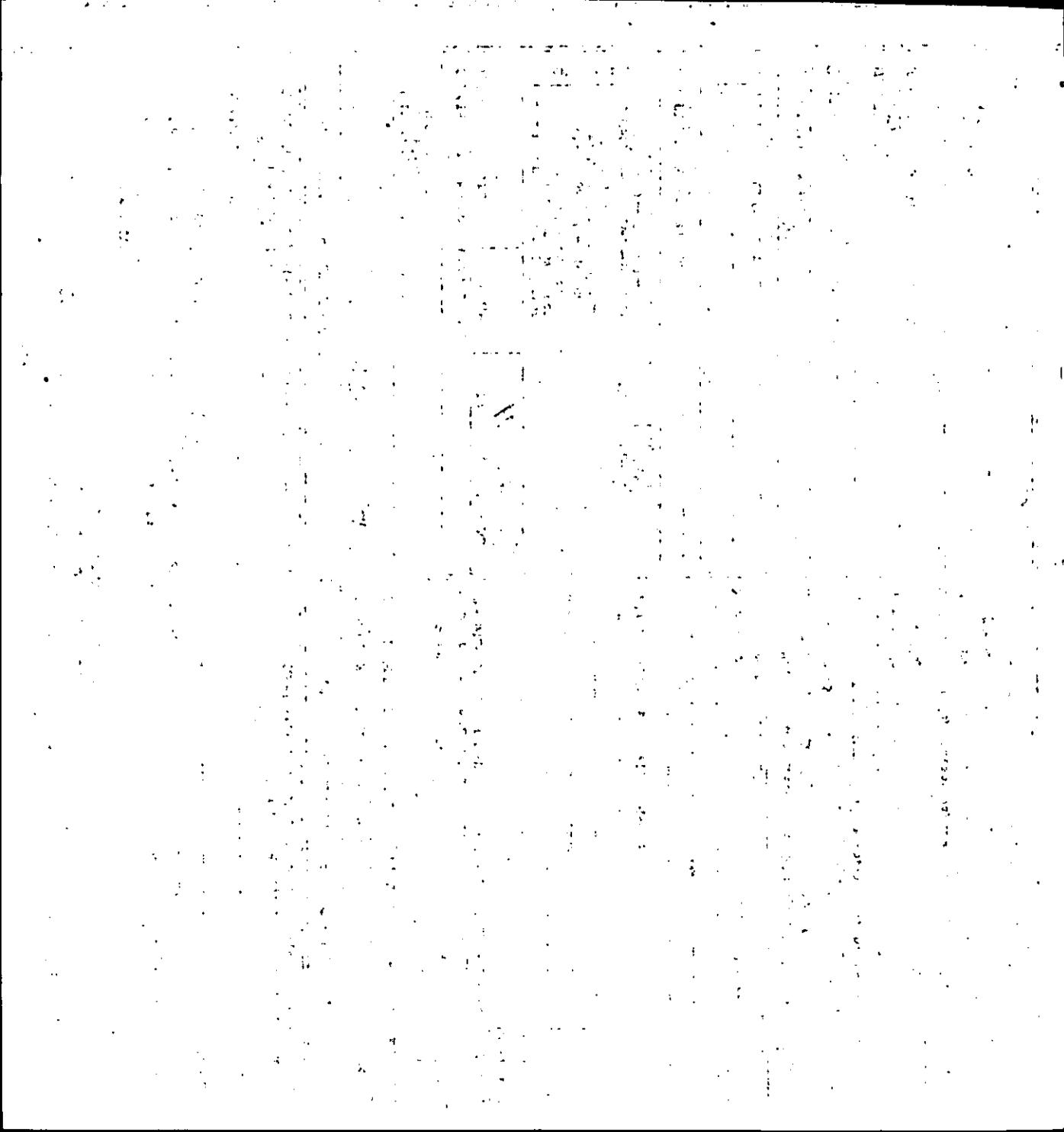
Cerebral clot
Internal Hemorrhage
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-29-36
Where did injury occur? Jackson Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Automobile
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? N
If so, specify _____
(Signed) W. C. F. Little, M. D.
(Address) 803 - Lees Summit, Mo



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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Bellevue
City Bellevue (No. _____)

Registration District No. 395
Primary Registration District No. 5551A

File No. 10415
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Mrs. Frank Estle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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.
54 - 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, 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) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
13. NAME _____

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

MOTHER
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 Aug 10 1936 St. W. G. Stettin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. - 29 - 1936

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

I last saw h. _____ 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:

Crushed Chest
Internal Hemorrhage
Accident
Other contributory causes of importance:
Gasmerg

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 3-29-1936
Where did injury occur? Jackson Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public

Manner of injury Automobile

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Virgil A. Peters M. D.
(Address) Lees Summit, Mo.

10415