

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

Do not use this space.

**APR 24 1936**

16172

1. PLACE OF DEATH *New Madrid* Registration District No. *607*  
 County.....*Putnam* Primary Registration District No. *5806*  
 Township.....*Putnam* City.....*Putnam* (No.....) St..... Ward.....  
 2. FULL NAME *Rebecca Hartwell*  
 (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 *Female* 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 *L R Hartwell*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 25 1871*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
*64 5 24*  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home 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) *Ill.*

13. NAME *Calvin Saydon*

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

15. MAIDEN NAME ✓

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

17. INFORMANT *Pearl Quinn* (ADDRESS) *Putnamville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Putnamville Mo* DATE *4/19* 1936

19. UNDERTAKER *Randolph Funeral Home* (ADDRESS) *Camptell Mo*

20. FILED *4-21* 1936 *Mary W. Cook* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 18* 1936  
 22. I HEREBY CERTIFY That I attended deceased from *April 5* 1936 to *April 12* 1936  
 I last saw him alive on *April 12* 1936 Death is said to have occurred on the date stated above, at *7 P.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Influenza & Broncho-pneumonia* Date of onset *about April 1-31*  
 Other contributory causes of importance: *no*  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? *no*  
 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) *Dr. J. A. Reuber* M. D.  
 (Address) *Putnamville 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.

