

DEC 17 1937

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

2  
1  
Do not use this space.  
41175  
File No.  
Registered No.

1. PLACE OF DEATH

County Dunklin  
Township Independence  
City Holcomb (No. ....)

Registration District No. 2844170  
Primary Registration District No. 5404

2. FULL NAME

Betty Sue 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Oct 2, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

11

28

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

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

Holcomb  
Dunklin Co. Mo.

13. NAME

A. L. Pirtle

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

Illinois

15. MAIDEN NAME

Blanche Tanner

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

Missouri

17. INFORMANT (ADDRESS)

A. L. Pirtle  
Holcomb Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sumach DATE Oct. 1, 1937

19. UNDERTAKER (ADDRESS)

J. C. Fox  
Holcomb Mo.

20. FILED

12-10-37

19. 37

J. P. Anderson  
Registrar.

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

Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28 37, to Sept 30, 37

I last saw him alive on Sept 21, 1937. Death is said

to have occurred on the date stated above, at 9 a.m.

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

Sept Catetis

Date of onset

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? .....

(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. Anderson, M. D.

(Address) Holcomb

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

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1-0-37

1  
2  
1

