REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Cooper
Township:
City: Boonville, (No. ..., St. ..., Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 6547
Registered No. 27

2. FULL NAME Myrtle Irene Birge 620

(a) Residence, No. 400 Haller St. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1937

7. AGE: Years | Months: 8 | Days: 3 | If LESS than 1 day, ...hrs. or ...min.

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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

FATHER
13. NAME Stanley Birge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeTroit Texas

MOTHER
15. MAIDEN NAME Sarah Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo

17. INFORMANT (ADDRESS) Mrs Emil Stevens Boonville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Lamine Cem DATE Feb 22 - 1938

19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville, Mo

20. FILED Feb 21, 1938 [illegible] Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1938, to 2-21, 1938

I last saw her alive on 2-20, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Pneumonia, Bronchio	2-10-38
Pertussis, acute	12-1-38
Sinusitis - acute	2-10-38

Other contributory causes of importance: 9

Name of operation none Date of
What test confirmed diagnosis? Physical 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) W. E. Stone, M. D.
(Address) 177 Boonville, 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.