

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7991

Registration District No. 77-5182

Primary Registration District No. 6070-A

Registrar's No. 19

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonnet Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME IDA PEARL LEETRIDGE

3. (b) If veteran, NAME WAR ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel C. Gettridge 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Hazel Run Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name William Taylor

13. Birthplace Franklin
(City, town, or county) (State or foreign country)

14. Maiden name Ardena Daggett

15. Birthplace Bonnet Terre Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ma Stone Webb

(b) Address Bonnet Terre Mo

17. (a) Burial (b) Date thereof Feb. 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Cemetery

18. (a) Signature of funeral director Benham Hubler

(b) Address 313 Benham Bonnet Terre Mo

19. (a) Feb. 15 1940 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonnet Terre Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 13 1940 to Feb. 13 1940;

that I last saw her alive on Feb. 13 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hour

Due to Hypertension Not known

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Marvin J. New J (M. D. owner) M. D.

Address Bonnet Terre Mo Date signed 3/24/40

MARGIN RESERVED FOR BINDING

FORM 5-17-39
Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address.....

Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.