

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

Do not use this space.

13491

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. _____
 Township Paul Primary Registration District No. 1000 Registered No. 1807
 City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

2. FULL NAME

Marie Ortner
 (a) Residence, No. Clinton, Missouri 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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Ortner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12-1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Rural (STATE OR COUNTRY) Iowa

FATHER 13. NAME James L. Blew
 14. BIRTHPLACE (CITY OR TOWN) Rural (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Jessie Shepherd

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

17. INFORMANT A. L. Ortner (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Apr. 27 1933

19. UNDERTAKER Dionewcomers Sons (ADDRESS) 211 East 9th

20. FILED Apr. 25 1933 M. M. Brown Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25 1933
 22. I HEREBY CERTIFY, That I attended deceased from April 17 1933 to April 25 1933
 I last saw her alive on April 25 1933 Death is said to have occurred on the date stated above, at 3:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia Date of onset 4/16/33
107A
36

Other contributory causes of importance: about 4/17/33
Heart & Liver
Bronch Pneumonia 4/24/33

Name of operation Obit 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) J. P. Bouhner, M. D.
 (Address) 1022 Pl. S. Bldg.
K.C. Mo

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Vertical handwritten text, possibly a signature or name, located in the lower center.

Vertical handwritten text, possibly a signature or name, located in the lower left quadrant.

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May 3, 1933.

Secretary State Board of Health,
Jefferson City, Missouri.

My dear Doctor:

You no doubt have received a letter from Dr. R. S. Hollingsworth of Clinton, Missouri for a certified copy of the death certificate on Mrs. Ortner who died at St. Luke's Hospital about a week ago.

Dr. Hollingsworth had sent this patient from Clinton up to me and a diagnosis of Scarlet Fever was made by myself, Dr. Stookey and Dr. B. Hamilton. The patient died and I signed the death certificate "Septicemia, Scarlet Fever and Broncho Pneumonia" The Burial Permit that was sent with the body to Clinton, Missouri, showed only Septicemia and a public funeral was held.

Dr. Hollingsworth had told this lady's friends and relatives that she had Scarlet Fever and when nothing showed on the Burial Permit that she had Scarlet Fever, they felt that he had not been honest with them.

It is for this reason that Dr. Hollingsworth would like to have a certified copy of the death certificate, so he can show her relatives that he was not telling them an untruth.

I am simply writing you this so that you may know the reason for Dr. Hollingsworth wanting a copy of the certificate which I signed.

Sincerely,



Dr. H. P. Boughnou.

10 2 2 Professional Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact state, etc. T.Y.S.P. A. CAUSE OF DEATH in plain terms, so that it may be proper.

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