FEB 21 1929

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

Do not use this space.

881

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1. PLACE OF DEATH
County Dekalb — Registration District No. 263 — File No. 3
Township Adams — Primary Registration District No. 5365 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Etta Dice

(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.

62-1-17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10-1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) House work.
(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Covington
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Isaac Osborn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't Know
(STATE OR COUNTRY)

14. INFORMANT Maude Harris
(Address) Cameron, Mo.

15. FILED 1/29 1929 J. F. Hedrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1929, to Jan 27, 1929 that I last saw her alive on Jan 27, 1929, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 1614

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. F. Hedrick, M. D.
Jan 29 1929 (Address) Weatherby, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Shambaugh Cem	1/29 1929

20. UNDERTAKER	ADDRESS
U. G. Pilcher.	Maysville 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.