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

Do not use this space.

23671

1. PLACE OF DEATH
County Worth — Registration District No. 902
Township Fletcher — Primary Registration District No. 1544
City Grant City (No. ... St. ... Ward) — File No. ... Registered No. 13

2. FULL NAME Rosetta Yetter

(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 3 yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William G. Yetter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	3	

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

9. BIRTHPLACE (CITY OR TOWN) Lake City
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Frederick Hucka
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elsie Hagans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Michigan

14. INFORMANT W. A. Yetter
(Address) Grant City, Mo.

15. FILED 6/27 1929 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 — 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar. 17 — 1927, to June 24 — 1929
that I last saw h[illegible] alive on June 24 — 1929, and that
death occurred, on the date stated above, at 7 — a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchiectasis and fibrosis - Septic type
1066 (duration) 3 yrs. 4 mos. ... ds.
CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH, GIVE ADDRESS ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No. —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) O. P. M. Mills, M. D
, 19 (Address) Grant City, 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
Grace Cemetery	6/27 1929
20. UNDERTAKER Jack C. Durfee	ADDRESS Grant City, 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.