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

Do not use this space.

39795

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 208 Victorian Court St. Ward)

File No.

Registered No. 1475

2. FULL NAME Lizzie Ettenson,

(a) Residence. No. 208 Victorian Court, St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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 important.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 15, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	85	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) Retired,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hohensalza, Germany,

PARENTS

10. NAME OF FATHER Michael Berk,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

14. INFORMANT Mrs. Ben Phillip (Address) 208 Victorian Court,

15. FILED DEC 27 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929, to Dec 25, 1924 that I last saw her alive on Dec. 25, 1929, and that death occurred, on the date stated above, at 3:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage (apoplexy)

87, A

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure taken. Wind [illegible]

(Signed) M. Dunsmore, M. D.

Dec 26, 1929 (Address) 722½ Francis St.

*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
Adath Joseph Cemetery	Dec. 27 1929
20. UNDERTAKER	**ADDRESS**
Heaton-BeGole / Bowman Funeral Home	319 S. 10 St.