

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

Do not use this space.

80

1. PLACE OF DEATH

County..... Andrew Registration District No. 10
 Township..... Cosby, Mo Primary Registration District No. 4007
 City..... Cosby, Mo (No.) St. (Ward)

File No.
 Registered No. 1

2. FULL NAME

(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.

Almira R. Fetter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Enoch Fetter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 7 1849</u>		
7. AGE <u>80</u> YEARS	MONTHS <u>2</u>	DAYs <u>11</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) X
 (c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) Noble County
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Solomon Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eizabeth Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Anstice Washburn
 (Address) Cosby, Mo

15. FILED Jan 15 1930 E. K. Allen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1930
 17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1925, to Jan 18 1930, and that I last saw h. or alive on Jan 14 1930, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
80D (duration) 1 yrs. 2 mos. 18 ds.
 CONTRIBUTORY Paralysis
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
577
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. K. Allen, M. D.
 , 19 30 (Address) Cosby, 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 King City, Mo
 DATE OF BURIAL Jan 24 1930

20. UNDERTAKER R. Taffert
 ADDRESS King City

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.

2
235
2
31
2

