APR 30 1930

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

Do not use this space.

9930

1. PLACE OF DEATH
County: Ray — Registration District No.: 744 — File No.:
Township: Richmond — Primary Registration District No.: 5976 — Registered No.: 25
City: (No. St. Ward)

2. FULL NAME: Mrs. Etta Sheets

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~If MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Sheets

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 14-1870

7. AGE: Years 59 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Ills
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Harvey Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ills.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont Know
(STATE OR COUNTRY)

14. INFORMANT: James Sheets
(Address)

15. FILED: Apr 7, 1930 — E. E. Gay, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1930, to Mch 28, 1930, that I last saw her alive on Mch 25, 1930, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
151
(Duration) 3 or 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(Duration) 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?
(Signed) G. A. Long, M. D
, 19 (Address) Rayville 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: Union — DATE OF BURIAL: Mar 30 30
20. UNDERTAKER: J M Ward — ADDRESS: Lawson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD