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

Do not use this space.

836

File No. .....

Registered No. 4

1. PLACE OF DEATH

41 County Harrison — Registration District No. 336

3 Township Madison — Primary Registration District No. 4199

3 City Cainsville (No. ....., ... St. ..... Ward)

2. FULL NAME Oliver Loson Fetty

(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 8 yrs. 10 mos. unk ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Mae Fetty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/22/78

7. AGE: Years 53 — Months 5 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 8/1930

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) David City Missouri 1

FATHER

13. NAME George Fetty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

MOTHER

15. MAIDEN NAME Esther Judd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England 8

17. INFORMANT (ADDRESS) Mrs Noel Hyatt Blythedale Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Andover Cemetery DATE 1/29 1932

19. UNDERTAKER (ADDRESS) Johnson & Johnson Cainsville (Hyatt Hoskins)

20. FILED 1/28 1932 L E Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26" 1932, to ....., 19....

I last saw h... alive on Jan 26" 1932. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris =	
94A	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Nully, M. D.

(Address) Cainsville 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.

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