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.

MAY 25 1932

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

Do not use this space.

9072

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 472

Township Vinyard — Primary Registration District No. 5636

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

File No. .....

Registered No. .....

2. FULL NAME Etta Etter

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert Etter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19. 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	4	12	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Purdy Mo
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER S. H. Long

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Nancy R McDonnell

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

14. INFORMANT Bert Etter
(Address) Stotts City Mo

15. FILED 5-7, 1932 Thos H Powell
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to Mar. 1, 1932 that I last saw her alive on Mar. 1, 1932 and that death occurred, on the date stated above, at 10 - 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11B

139C

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Menopause

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P A Holmes, M. D.

Mar 7, 1932 (Address) Mt Vernon

*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
Joof Cemetery	3/3 1932
20. UNDERTAKER	ADDRESS