

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.

APR 28 1932

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

Do not use this space.

13338

1. PLACE OF DEATH

County Morgan Registration District No. 598
Township Mountain Primary Registration District No. 4353
City Union (No. _____) St. _____ Ward _____

File No. _____
Registered No. 20

2. FULL NAME Hettie Decker

(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 <u>FM</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>Daniel Decker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1840</u>		
7. AGE YEARS <u>92</u>	MONTHS <u>0</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
13. NAME <u>John Marriott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Marion Marriott</u> <u>Versailles, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kitchie</u> DATE <u>Apr 8</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W. F. Ridwell</u> <u>Versailles, Mo</u>		
20. FILED <u>4-7</u> 19 <u>32</u> <u>J. N. Julian</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1932 to Apr 5 1932

I last saw her alive on Apr 5 1932 Death is said to have occurred on the date stated above, at 9 P. m.

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

Other contributory cause of importance:
IB

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) W. F. Ridwell, M. D.
(Address) Versailles, Mo

