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.

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

Do not use this space.

20303

1. PLACE OF DEATH

73 County Newton Co — Registration District No. 1046

Township Shoal Creek — Primary Registration District No. 5810

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

File No. .....

Registered No. 9

2. FULL NAME Edna Louise Etcheson

(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 Female

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 James Etcheson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1891

7. AGE YEARS 41 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co

FATHER

13. NAME Thomas Geager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Lenna Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I

17. INFORMANT (ADDRESS) James Etcheson

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Mo DATE 6-19 1932

19. UNDERTAKER (ADDRESS) Porter M Clark Estate Ky

20. FILED 6-17 1932 J. W. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to June 16, 1932

I last saw her alive on June 15, 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Cerebral Hemorrhage — Date of onset June 15, 1932

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Other contributory causes of importance:

Chronic myocarditis
chronic parenchymatous nephritis

Name of operation none Date of .....

What test confirmed diagnosis? physical & laboratory findings Was there an autopsy? no

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? no

If so, specify .....

(Signed) James A. O'Brien, M. D.

(Address) #301 Joplin National Bank Bldg Joplin, Mo.