

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.

SEP 26 1932

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

Do not use this space.

26934

1. PLACE OF DEATH  
78 County Genesee Registration District No. 651  
Township Little Prairie Primary Registration District No. 8-862  
City.....(No.....) St..... Ward.....

2. FULL NAME Etta Cole Aitrey  
(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. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 wife of John Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 2 35

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

10. Date deceased last worked at this occupation (month and year) Sept 1932 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER FATHER  
13. NAME Smith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Cole  
(ADDRESS) Little Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McCole DATE Aug 29, 1932

19. UNDERTAKER None  
(ADDRESS) Friends

20. FILED Sept 8, 1932 Ada Martin  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Typhoid Fever  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Bellagra

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) Frank O'Neil - H.O. M. D.  
(Address) Cardersville Mo

