

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 289
 Township St. Ferdinand Primary Registration District No. 6033
 City Carsonville, Mo. (No. 8757) Natural Bridge Road

File No. 27916
 Registered No. 213
 St. _____ Ward _____

2. FULL NAME

William Etchison

(a) Residence, No. 8757 Natural Bridge Road 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 Male	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 Effie Etchison		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1870.		
7. AGE YEARS 66	MONTHS I	DAYS 5
If LESS than 1 day, hrs. or min.		

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

MOTHER

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

FATHER

13. NAME **John Etchison**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Catherine Jenkins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Effie Etchison**
 (ADDRESS) **8757 Natural Bridge Road.**

18. BURIAL CREMATION, OR REMOVAL
 PLACE **Salem, Ill.** DATE **July 17/36.**

19. UNDER TAVERN (ADDRESS) **Chas. W. Clark, 1125 Hodiamont Ave.**

20. FILED **7-16-36** **W. Baehner**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15/36.**

I HEREBY CERTIFY, That I attended deceased from July 15 - 1936 to 7-15-36
 I last saw h. im alive on 7-15-36
 Death is said to have occurred on the date stated above, at 2.10 A.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 7-1-36

Other contributory causes of importance:
Asphyxia, Ch. pneumonia, Arteriosclerosis
 11-1-38
 1925
 1920

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? **no.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no.** Date of injury _____
 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) **Roy Johnson**, M. D.
 (Address) **Ferguson, 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.

Dr. Roy Johnson
Ferguson, Mo.

Dear Mr. Johnson:

I have your letter of the 10th and am sorry to hear that you are having trouble with your eyes. I have been thinking about you and wondering how you are getting on.

I am sure that you will get better soon. I have been thinking about you and wondering how you are getting on. I hope you are feeling better now.

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