

SEP 21 1936

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

Do not use this space.

30298

1. PLACE OF DEATH

County Clay
Township Fishing Creek
City Excelsior Springs (No. _____)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Etta Katharine Erich

(a) Residence, No. 609 Old Orchard St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Erich

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1891

7. AGE YEARS 55 MONTHS 1 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenosha Wis

13. NAME William House

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

15. MAIDEN NAME Margaret Alfathu

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

17. INFORMANT Mrs. Helen Goetze (ADDRESS) R. 6 R.C. Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Kansas City, Mo. DATE Aug 21 1936

19. UNDERTAKER Charles P. Richard (ADDRESS) Excelsior Springs Mo.

20. FILED 8-19-1936 Mrs. A. McInerney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18 to 8-19 1936

I last saw him alive on 8-19 1936. Death is said to have occurred on the date stated above, at 3 p.m.

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

Cancer Carcinoma of the stomach
for years

Other contributory causes of importance:
Exploratory operation
Wass. Paul Bell Memorial Hospital
Radcliffe Mass.

Name of operation Laparotomy Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? no

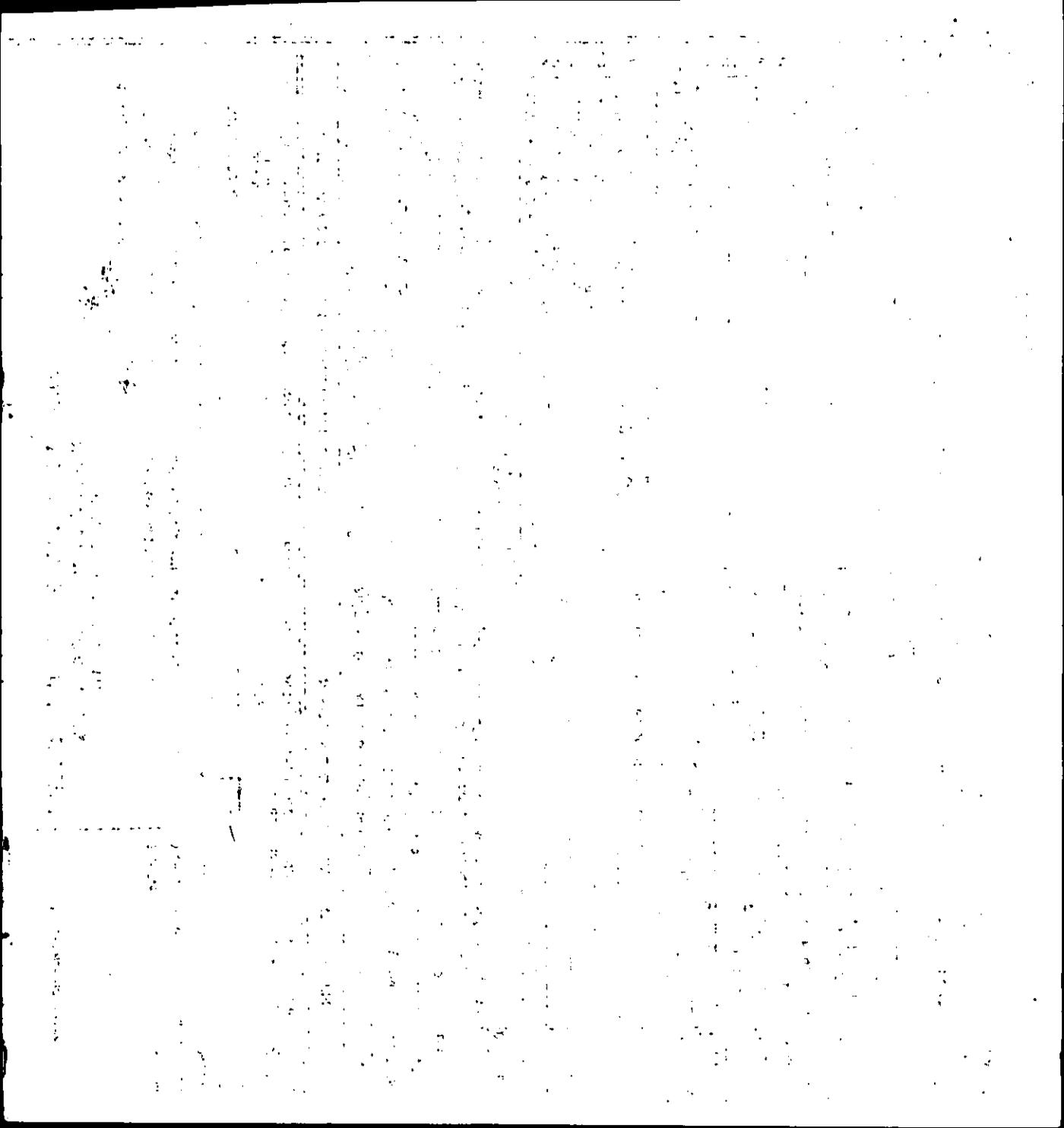
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 1936

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) J. E. Beard, M. D.
(Address) Excelsior Springs



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1. PLACE OF DEATH

County Clay
Township Excelsior Spgs.
City Excelsior Spgs.

Registration District No. 198
Primary Registration District No. 3011

File No. 30298
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 609 Old Orchard 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>55</u>	<u>1</u>	<u>16</u>		

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
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) _____ (Specify time (years) spent in this occupation)

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 8-19-1936 Mrs. Ray McCracken Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma Abdominal
Ovary
Edema of heart
Wet pneumonia

Date of onset

Other contributory causes of importance:

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) J. E. Baird M. D.
Excelsior Spgs. Mo. (Address)

S-30298