JUL 27 1937

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

Do not use this space.

File No. 23275

Registered No. 14

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. Lucy Lee Hospital St. Ward)

Registration District No. 89
Primary Registration District No. 3007

2. FULL NAME Cecil Ethridge

(a) Residence, No. 322 North G. St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1918

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy
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) Rombauer, Mo.

FATHER
13. NAME James Ethridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co., Illinois

MOTHER
15. MAIDEN NAME Adeline Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., Mo.

17. INFORMANT Adeline Ethridge
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn, Cem.
PLACE Poplar Bluff, Mo DATE June 6, 37

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 6/6, 1937 O. Lutzinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3-37, 19..., to 6-5-37, 19...
I last saw him alive on 6-5-37, 19... Death is said to have occurred on the date stated above, at 10:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	
Other contributory causes of importance	

Name of operation Appendectomy Date of 6-3-37
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? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. W. [illegible], M. D.
(Address) Poplar Bluff, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD