JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Butler — Registration District No.: 89
Township: — Primary Registration District No.: 3997
City: Poplar Bluff — No.: Brandon Hospital — St.: — Ward:

File No.: 23279
Registered No.: 151

2. FULL NAME: James G Etheridge
(a) Residence, No.: Matthews, Mo — 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Ella May Etheridge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14 1899
7. AGE: YEARS 38 — MONTHS 4 — DAYS — If LESS than 1 day, hr. or

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): May 27 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Center Ridge, Ark

FATHER
13. NAME: W T S. Etheridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Georgia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): Donnie Etheridge, Newport, Ark
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Center Ridge, Ark — DATE: June 16, 1937
19. UNDERTAKER (ADDRESS): Shelby, Und. Co. — Eark Prairie, Mo.
20. FILED: 6/15, 1937 — C. Blutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. TIME OF DEATH (MONTH, DAY, AND YEAR): June 14, 1937

I HEREBY CERTIFY, That I attended deceased from ..., 1937, to June 14, 1937, ..., June 14, 1937. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal disease and related causes of importance were as follows:

	Date of onset

Contributory causes of importance:
Thrombosis of the
Was operation performed?
Name of operation: Eplerotomy — Date of: 6/14/37
What test confirmed diagnosis? Autopsy — 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 it 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): G. L. Hyatt, M. D.
(Address): Poplar Bluff, Mo

N. B.—Every item of information should be carefully supplied. All items marked with an asterisk are of special importance.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.