SEP 21 1937

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

Do not use this space.

29920

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29920
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas (No. 625 A E 8th St. Ward)

2. FULL NAME Josephine Etchen
(a) Residence, No. 625 AE 8th 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: 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 → Louis Etchen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1880

7. AGE: YEARS 57 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Arkansas

FATHER
13. NAME Do Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Unknown

MOTHER
15. MAIDEN NAME Ks Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Unknown

17. INFORMANT (ADDRESS) Louis Etchen 625 AE 8th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dallas Texas DATE Aug 29-37 19

19. UNDERTAKER (ADDRESS) Parsantino Bros Kcmo

20. FILED Aug 28 1937 M. M. Growe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....
I last saw h... Deputy Coroner ..... 19..... Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Myocardial Infarction	
Hemopericardium	

Other contributory causes of importance:

93C

Name of operation ..... Date of .....
What test confirmed diagnosis? Autop 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) Russell W Kerr, M. D.
(Address) Kcmo

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.