REC'D MAR 15 1938

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

Do not use this space.

File No. 6716

Registered No. 9

1. PLACE OF DEATH

County: Gentry — Registration District No. 309

Township: Athens — Primary Registration District No. 5427

City: Albany — (No. County Infirmary St. Ward)

2. FULL NAME: Thermon Oliver Ettinger 352

(a) Residence, No. ..... St., ... Ward. Albany R.F.D. (If nonresident, give city or town and State)

(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3 1916

7. AGE: Years 21 — Months 9 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Granite City Illinois

FATHER

13. NAME: Oliver Ettinger

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

MOTHER

15. MAIDEN NAME: Anna Rudolph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo

17. INFORMANT (ADDRESS): Mrs Anna Ettinger Albany Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Lafayette DATE Feb 5 1938

19. UNDERTAKER (ADDRESS): Brooks Funeral Home Albany Mo

20. FILED Feb 4, 1938 W. P. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938, to Feb 3, 1938. Last saw h. alive on Feb 2, 1938. Death is said to have occurred on the date stated above, at 30 p.m.

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

	Date of onset
Pneumonia	
Tuberculosis	1937

Other contributory causes of importance: 23 -

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 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) James H. Barga, M. D.

(Address) Albany 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

X9314