

REC'D JUN 20 1938

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

18547  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. 1209 Murphy St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Etta Sillaway

(a) Residence, No. 1209 Murphy St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Grant Sillaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Chalmers, Indiana  
(STATE OR COUNTRY)

FATHER 13. NAME William Bowman  
14. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lizza Ward  
16. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

17. INFORMANT Murl Sillaway  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE May 28, 1938

19. FUNERAL DIRECTOR (NAME) Frank Sievers  
(ADDRESS) Joplin, Missouri

20. FILED 5-29-38 Ed James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-38

22. I HEREBY CERTIFY, That I attended deceased from 1934, to May 26, 1938  
I last saw her alive on May 25, 1938. 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:

Chronic Valvular Heart disease Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation none 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? 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. J. Winchester M. D.

(Address) Joplin, 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*David Dillon*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*David Dillon*

Licensed Embalmer No. ....

*3898*

P. O. Address.....

*Joplin Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**