REC'D AUG 9 1938

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

Do not use this space.

26182

File No. 226
Registered No. 668

1. PLACE OF DEATH

County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3632
City: Sedalia (No. Bothwell Hosp St. Ward) 321

2. FULL NAME Fred Etzbach

(a) Residence, No. 1107 So Mass St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 61 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: Sophia Etzbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24 1859

7. AGE: Years 78 Months 10 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail carrier
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): 1924
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Johannes Etzbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Helena Kammerick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Fred Etzbach Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: 7-26-1938

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED 7-26-1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12th 1938, to July 24th 1938
I last saw him alive on July 24th; 1938 Death is said to have occurred on the date stated above, at 3.40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Unknown Etiology) See other side.	July Ioth, 1938

Other contributory causes of importance: Chronic Int. Nephritis. Chr. Myocarditis ? Arterio-Sclerosis (Advanced) ?

Name of operation: None. Date of
What test confirmed diagnosis? Findings 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? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno B Carlisle M.D. Jno. B. Carlisle, M.D., M. D.
(Address) Sedalia, Missouri.
7-27-38

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.

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This man had a partially obstruction apparently high up in the colon. His condition was such when he was taken to the hospital that he could not be given barium for plate and fluoroscopic work. He was opposed to operations and rejected and exploratory laparatomy. It is my belief and opinion that this man died of an obstruction due to malignancy high up in the colon.

Sedalia, Missouri,
July 27th, 1938.

Jno. B. Carlisle, M.D.
Jno B. Carlisle M.D.