

DECE JAN 20 1939

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

42746

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clark Registration District No. 194  
 (b) Township Washington Primary Registration District No. 447  
 (c) City Washington (d) Street No. 5510 1/2 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT/FULL NAME

U60 ETTA BELL MILLER  
 (a) Residence, No. Wyconda, Mo. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. A. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 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) Farmout, Mo  
 (STATE OR COUNTRY)

FATHER 13. NAME B. A. Fishman

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

MOTHER 15. MAIDEN NAME Sarah Stevens

16. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Gertrude Dorsey  
 (ADDRESS) Forist, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyconda Mo DATE Jan 2 1939

19. FUNERAL DIRECTOR (NAME) Wm. B. Bush  
 (ADDRESS) Wyconda, Mo

20. FILED 1-2 1939 Bessie Plattner  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Dec 31 1938

I last saw her alive on Mar 30 1938. Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cancer of Breast

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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? Yes

If so, specify

(Signed) Dr. B. F. Hutchinson, M.D.

(Address) Wyconda, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-807

Date Filed 1/11/39

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, or by.....

Frederick Gerth, Jr......, Registered Apprentice No. 168  
working under my personal supervision.

Signed Geo V Baskett

Licensed Embalmer No. 1817

P. O. Address Wymond, 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.