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

18499

1. PLACE OF DEATH
County Andrew, Registration District No. 16
Township Rochester Primary Registration District No. 5020
City (No. Near Long Branch Church, on Rochester Road St. Ward)

File No. 8
Registered No. 8

2. FULL NAME Walter Dennis Etchison,

(a) Residence. No. Near Long Branch Church, Rochester Road, St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Margaret Etchison,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	8	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER James Etchison,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rowan County,
(STATE OR COUNTRY) North Carolina,
12. MAIDEN NAME OF MOTHER Nancy E. Bergin,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia,

14. INFORMANT Miss Steela Etchison
(Address) R.F.D.# 5, Savannah, Mo.

15. FILED 6/16, 1930 Mrs. Bettie Boggess REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1930, to June 15, 1930, that I last saw h[illegible] alive on June 14, 1930, and that death occurred, on the date stated above, at 11-15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia.
108
102
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At Home
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. L. Allee, M. D.
June 16, 1930 (Address) Easby Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Long Branch Cemetery,	June 18, 1930
20. UNDERTAKER Frank A. Bowman	ADDRESS Savannah, Mo.

V. S. No. 2.

WRITE PLAINLY WITH NON-FADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

[illegible]

[illegible]

[illegible]

[illegible]