MAY 22 1933 MISSOURI STATE BOARD OF HEALTH Do not use this space. EXACTLY. PHYSICIANS should state ent of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** 12510CERTIFICATE OF DEATH 1. PLACE OF DEATH - Registration District No..... File No.,.... Primary Registration District No..... (No County Infirmery Jesse Albert Etchison (Usual place of abode) (If nonresident, give city or town and State) ANENT Length of residence in city or town where death occurred 3 How long in U.S., if of foreign hirth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 . 19 33 DIVORCED (write the word) White Divorced Male HEREBY CERTIFY, That 1 attended deceased from 5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Josie Etchison (OR) WIFE OF August 20,1871 to have occurred on the date stated above, at 11 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. 61 ormin. 8. Trade, profession, or particular kind of work done, as spianer, Retired Farmer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at Total time (years) spent in this · this occupation (month and year).... occupation..... 12. BIRTHPLACE (CITYOR TOWN) Andrew Co. Hissouri John Etchison 13. NAME Andrew Co. Missouri What test confirmed diagnosis? Clinical Was there an autopsy? 20. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Call Graves Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) Andrew Co. Missouri (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17 INFORMANT Hrs Frank Kelly
(ADDRESS) Colorado Spgs. Co Long Branch Cemete 18. BURIAL, CREMATION OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... SE If so, specify..... N.B. CAU Registrar

