

1938 OCT 7 1938

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

32449
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township..... Primary Registration District No. 3020 Registered No.....
 (c) City Carthage (d) Street No..... 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 Thomas Cleon Etter 3600
 (a) Residence, No. 818 E. Chestnut 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 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 Eller Cassity Etter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. grocerman
 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) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME John M. Etter 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 0

MOTHER 15. MAIDEN NAME Nancy S. Chambers

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

17. INFORMANT Mrs. Sweezy
 (ADDRESS) 818 E. Chestnut

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park Cemetery DATE Sept. 9 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Missouri

20. FILED Sept. 9, 1938 E. J. McEntire, M.D.
 Local Registrar. 965

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept 6, 1938
 I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 11:55 p.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Asthma

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?.....

If so, specify

(Signed) Albert B. Wheeler M.D.

(Address) Carthage, 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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-274
Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, Edleene, Licensed Embalmer No. 2222
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edleene
Licensed Embalmer No. 2222

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.)