

Credit to Mrs Elizabeth Edwards on
Stella, Mo.
Do not use this space.

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

30477

1. PLACE OF DEATH

County Barry Registration District No. 1168
Township Wheatons Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Billy Gene Etheridge

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 19 mos. 19 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasce City, Mo.

13. NAME Wm Melville Etheridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Mo.

15. MAIDEN NAME Fola Nelson

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

17. INFORMANT (ADDRESS) Wm. M. Etheridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE Sept. 16, 1931

19. UNDERTAKER (ADDRESS) Art Bellet Wheeler, Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1931, to Sept. 13 1931. I last saw him alive on Sept. 13 1931. Death is said to have occurred on the date stated above, at 5:10 P.M. The principal cause of death and related causes of importance were as follows:
Saids - Enteritis

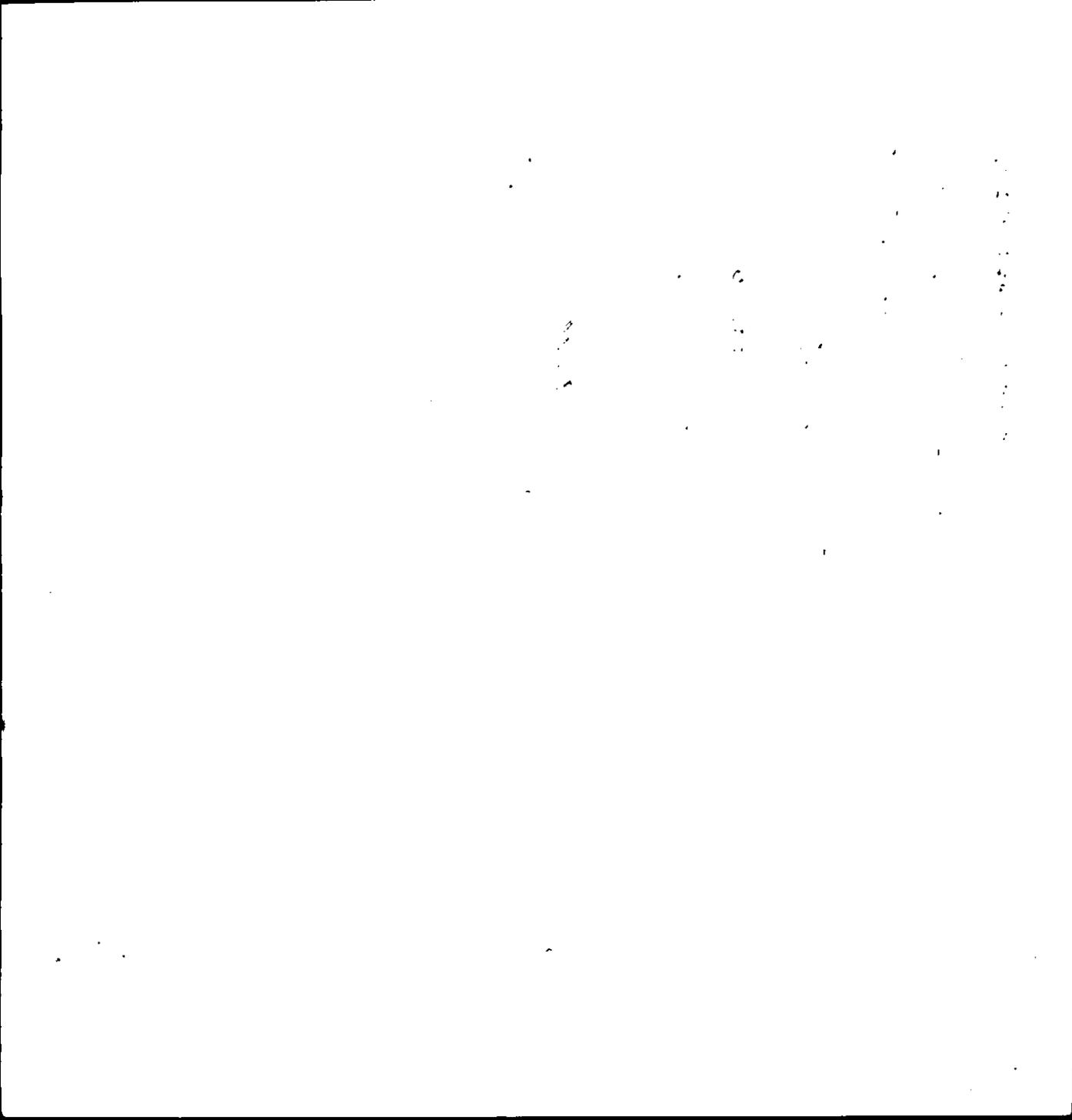
Other contributory causes of importance:
maturation

Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

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) C. W. Post, M. D.
(Address) Wheatons, Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 1168 File No. _____
 Township Wheaton Primary Registration District No. 30427 Registered No. 32
 City _____ (No. _____) St. 2 Ward _____

2. FULL NAME

Billy Gene Etheridge
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Mo

FATHER 13. NAME Wm Melvin Etheridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pioneer Mo

MOTHER 15. MAIDEN NAME Lola Nelson

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

17. INFORMANT (ADDRESS) Wm M. Etheridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE Sept 16 1931

19. UNDERTAKER (ADDRESS) A. L. Belka Wheaton Mo

20. FILED Dec 4 1931 E. Edmondson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 6 1931 to Sept 13 1931

I last saw him alive on Sept 13 1931 Death is said to have occurred on the date stated above, at 7-8 p.m.

The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis Date of onset _____

Other contributory causes of importance: Malnutrition

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No

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 C. W. Poor (Signed) _____, M. D.
 (Address) Wheaton Mo

LIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTERED

5-30477