

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 22 1932

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 403
Township Brookings Primary Registration District No. 5357
City Bees Summit Mo. R#3 St. _____ Ward _____

File No. 16434
Registered No. _____

2. FULL NAME

(a) Residence, No. Jackson Bees Summit Mo. R#3 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. 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) April 10 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 0 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Oct 1931 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

13. NAME Emanuel Fetter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Knice Ohio

15. MAIDEN NAME Isora Fetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

17. INFORMANT (ADDRESS) Sherman Fetter Bees Summit Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Ind. May 4 1932

19. UNDERTAKER (ADDRESS) W. H. Phillips Independence Mo.

20. FILED 5-4-1932 W. H. Hobbs, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931 to May 2 1932
I last saw him alive on May 2 1932 Death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia of prostate with invasion of adjacent structures Date of onset about Nov 1931

Other contributory causes of importance: 510 137 510 1

Name of operation Prostatectomy Date of 2-21-31
What test confirmed diagnosis? Laboratory Was there an autopsy? 260

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) W. H. Hobbs, Jr., M. D.
(Address) Raytown Mo

