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

PLACE OF DEATH

County: Knox County

Township or Village or City: Edina (NO. ; St.: Ward)

Registration District No. 441 — File No. 31800

Primary Registration District No. 4259 — Registered No. 32

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary Emma McDaniels

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	Married

DATE OF BIRTH: March 15 1888 (Month) (Day) (Year)

AGE: 23 yrs. 6 mos. 8 ds. — If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

BIRTHPLACE (City or town, State or foreign country): Knox county Mo

PARENTS
NAME OF FATHER: Robert J. Bluman
BIRTHPLACE OF FATHER (City or town, State or foreign country): Indiana Gerhardt
MAIDEN NAME OF MOTHER: Frances Pickens
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ohio George Town

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. C. H. Bledsoe

(ADDRESS): Edina Mo

Filed Sept 21, 1911. H. J. Jurgens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21st (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from June 1st, 1911, to Sept 21st, 1911, that I last saw her alive on Sept 5th, 1911, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

23 A.D.

(Duration) 1 yrs. 1 mos. 10 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H. J. Jurgens M. D.

Sept 21, 1911 (Address) Edina Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Harmony Cy Knox Co	Sept 24 1911
UNDERTAKER	**ADDRESS**
Chas. F. Jarvis	Edina, Mo.

Revised United States Standard Certificate

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

PLACE OF DEATH

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____, _____ St.; _____ Ward)

[If death occ hospital or give its NAM of street and

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____ (Month) _____ (Day), 1 _____ (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____ (Day)

I HEREBY CERTIFY, that I attended deceas _____, 191__, to _____

that I last saw h _____ alive on _____

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____

_____, 191__ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Caus (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS