

WRITE 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.

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

PLACE OF DEATH
County Phelps
Township _____
or
Village _____
or
City St James (NO. _____ St.; _____ Ward)

Registration District No. 678 File No. 401786
Primary Registration District No. 4404 Registered No. _____

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

FULL NAME Missouri Inna Emory

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH Jan 23, 1873
(Month) (Day) (Year)

AGE 79 yrs. 11 mos. 25 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Pulasky, Georgia

PARENTS
NAME OF FATHER W. Esters Graykins
BIRTHPLACE OF FATHER South Carolina
MAIDEN NAME OF MOTHER Famelia Newcomb
BIRTHPLACE OF MOTHER South Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Della Turner (Daughter)

(ADDRESS) St James Mo

Filed Dec 30, 1912 S. Matlock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 19, 1912, to Dec 29, 1912, that I last saw her alive on Dec 29, 1912, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Rotary Pneumonia
108

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) E. A. Fullen M. D. Dec 29, 1912 (Address) St James

*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 Masonic Cem. DATE OF BURIAL Jan 1, 1913

UNDERTAKER Pat Birmingham ADDRESS St James

100-100000