

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

Do not use this space.

10872

1. PLACE OF DEATH

County Madison
Township.....
City Vandalia (No.)

Registration District No. 912
Primary Registration District No. 4550

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Anna M. Emery

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

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Chas Emery

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

Aug 29 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>51</u>	<u>7</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MO

10. NAME OF FATHER

J. H. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER

Elizabeth McGee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) MO

14.

INFORMANT Robert Davis
(Address) Paris, Mo

15.

FILED 4/27 27 1927 Mallie Fiquet
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

4-25-1927

17. I HEREBY CERTIFY That I attended deceased from Sept 17, 1926, to April 24, 1927, that I last saw her alive on April 24, 1927, and that death occurred, on the date stated above, at 12.3.10.77 M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48 Melanotic Carcinoma of Squamous
45 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Wetness Carcinoma
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 1 1926
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Wm Alfred, M. D.
, 18 (Address) Vandalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

MT Air

DATE OF BURIAL

4-27 1927

20. UNDERTAKER

Wm Yates

ADDRESS

Vandalia 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.

MAY 25 1927

