

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

Do not use this space.

17681

**JUL 25 1927**

**1. PLACE OF DEATH**

County Callaway  
Township Fulton  
City Warrenton

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma Vance  
(a) Residence No. 141 Hospital St. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. \_\_\_\_\_ mos.

Ward Warrenton  
(If nonresident give city or town and State)  
How long in U.S., if of foreign birth? 27 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
all 54

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) DK  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER DK

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER DK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Leandy Hospital No 1  
(Address) Fulton Mo

15. James 1927 R. N. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 / 1927

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1927 to June 16, 1927 that I last saw h. alive on June 15, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Dilatation (Heart)  
97 - A  
DK

CONTRIBUTORY (SECONDARY) DK  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED DK  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST COMPLETED (MORPHOLOGY) DK  
(Signed) \_\_\_\_\_ M. D.  
, 19 \_\_\_\_\_ (Address) State Hospital No 1

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrenton, Mo. DATE OF BURIAL D.K. 19 \_\_\_\_\_

20. UNDERTAKER Herndon-Taylor Furn-Co. Fulton, Mo.  
ADDRESS \_\_\_\_\_

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.

