

MAR 16 1928

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

Do not use this space.

39123

## 1. PLACE OF DEATH

County AndrewRegistration District No. 13

Township.....

Primary Registration District No. 4010City Savannah,(No. Dr. Nichols Sanitorium)

File No. ....

Registered No. 11

St. .... Ward)

2. FULL NAME Milo Emery,(a) Residence No. .... St., .... Ward. Overbrook, Kansas,

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 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 OFRuth Emery,6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1838

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .... hrs.  
or .... min.

89

1

25

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown,(STATE OR COUNTRY) Ohio,10. NAME OF FATHER George Emery,11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,(STATE OR COUNTRY) Vermont,12. MAIDEN NAME OF MOTHER Polly Stevens13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,(STATE OR COUNTRY) Ohio.14. Mrs. Ruth Emery  
INFORMANT  
(Address) R.F.D. # 2, Overbrook, Ks.15. 11 28  
FILED ..... 19.....  
REGISTRAR R. J. J. J.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9, 192817. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Feb 9, 1928 that I last saw him alive on Feb 9, 1928, and that death occurred, on the date stated above, at 3 P. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Pleuro Pneumonia(duration) .... yrs. .... mos. 2 ds.CONTRIBUTORY (SECONDARY) Influenza  
(duration) .... yrs. .... mos. 8 ds.18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: Dout HunDID AN OPERATION PRECEDE DEATH? No DATE OF.....WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Physical findingsJ. J. J. (Signed) J. J. J., M. D.  
11 28, 1928 (Address) Savannah 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 Overbrook, Kansas, DATE OF BURIAL Feb. 12, 192820. UNDERTAKER J. H. Bowman, ADDRESS Savannah, Mo

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.

