

MAR 17 1928

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

Do not use this space.

4218

## 1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township.....

Primary Registration District No. 3008City Fulton, Mo. (No.....)

File No.....

Registered No. 29

St..... Ward.....

2. FULL NAME Mrs. Emma May Mirts,

(a) Residence No..... St..... Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? 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 OR WIFE John Mirts,  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14th, 1882

## 7. AGE

YEARS  
45MONTHS  
4DAYS  
10IF LESS than 1  
day, hrs.  
or min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife,

(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

Soren Olsen

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Den. Mark,12. MAIDEN NAME OF MOTHER Julia Worley,

(STATE OR COUNTRY)

Ind14. INFORMANT Mrs. J. B. Finley,

(Address)

Fulton, Mo.15. Feb 25 28 R. N. Crews

FILE NO.

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24/192817. I HEREBY CERTIFY, That I attended deceased from 2/19/28 to 2/24/28, and that I last saw her alive on 2/24/28, at 10 P. M. death occurred, on the date stated above, at.....

## THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Peritonitis  
122R  
129CONTRIBUTORY (SECONDARY) Intestinal Obstruction

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

D DID AN OPERATION PRECEDE DEATH. no DATE OF XWAS THERE AN AUTOPSY? no

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Christian, M. D., 19 (Address) Fulton, 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, Carmel Church

## DATE OF BURIAL

2/26/28 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.





S-4218