

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

Do not use this space. **231**

8358

1. PLACE OF DEATH

County Dallas
Township St. Stephens
City Fairview (No. 5334)

Registration District No.
Primary Registration District No. 241

File No.
Registered No. 242
St. Ward)

2. FULL NAME

Bonnie Embrey

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

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/19/1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>10</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fairview
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER C.O. Embrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Blodgett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT C.O. Embrey
(Address) Fairview, Mo.

15. FILED 4/10 1928 Nancy Morrow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1928

17. I HEREBY CERTIFY That I attended deceased from noon 24 Mo., 1928, to noon 29, 1928, that I last saw h. h. alive on noon 29, 1928 and that death occurred, on the date stated above, at Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain cell pneumonia
108
108 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B.F. Johnson, M. D.
, 19 (Address) Buffalo Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview, Mo. DATE OF BURIAL 3/20 1928

20. UNDERTAKER B. Clouth & Son ADDRESS Buffalo, Mo.

PHYSICIANS should state Exact statement of OCCUPATION is very important. 1928

