

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

Do not use this space.

11872

**1. PLACE OF DEATH**

County Saline  
Township South  
City (No. City St. Ward)

Registration District No. 207  
Primary Registration District No. 6044

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

Emma Hemme

(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 (OR) WIFE OF John Hemme

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 20 day Sept 1869

7. AGE YEARS 58 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.

**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) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Hy Goversant

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

12. MAIDEN NAME OF MOTHER Stegemiller

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

14. INFORMANT (Address) John Hemme  
202 E 80th St

15. Mar. 15 1928 J. A. Owens REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/15 1928

17. I HEREBY CERTIFY That I attended deceased Mar. 15 1928 to March 15 1928 that I last saw her alive on March 14 1928 and that death occurred on the date stated above, at \_\_\_\_\_ A.M.

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

Broncho-Pneumonia  
107A (duration) yrs. mos. da. 3

CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Place of death  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) A. R. Ingram, M. D.  
9-15-1928 (Address) Sweet Springs 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 Emma M. Fisher Case Church DATE OF BURIAL 3/17 1928

20. UNDERTAKER E. S. James ADDRESS Concordia 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.

