JUL 5 1928

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

Do not use this space.

16695

1. PLACE OF DEATH
County Franklin — Registration District No. 292 — File No.
Township — Primary Registration District No. 4176 — Registered No.
City New Haven Mo. No. ..... St. ..... Ward)

2. FULL NAME Helen Emmons
(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 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-5-1849

7. AGE: Years 78 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): " "
(c) Name of employer: None.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City

PARENTS
10. NAME OF FATHER: R. J. Emmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Emma Stehle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mass

14. INFORMANT: Mrs Mary Emmons
(Address) New Haven Mo

15. FILED 5/16 1928 A. J. Sheible REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-14, 1928, to 5-14, 1928 that I last saw her alive on 5-14, 1928, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
11A
107A (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. F. Einbeck, M. D
5-16, 1928 (Address) New Haven, 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: Evangelium
DATE OF BURIAL: 5-17 1928

20. UNDERTAKER: L. C. Fertig
ADDRESS: New Haven

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.