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

Do not use this space.

19678

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township ~~Center~~ — Primary Registration District No. 3039 — Registered No. 132

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Emma Mikesell

(a) Residence. No. 1238 N Adams St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 1, 1862

7. AGE: Years 65 — Months 6 — Days 28 — 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): D.K. Illinois

PARENTS

10. NAME OF FATHER: Joe Wescott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D.K. Ohio
12. MAIDEN NAME OF MOTHER: Elizabeth Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D.K. Illinois

14. INFORMANT: Chester Mikesell
(Address) Nevada Mo

15. FILED 6-6, 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 4 1928.

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to May 4, 1928, that I last saw her alive on May 4, 1928, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary Edema.
101A
111B
(duration) ..... yrs. ..... mos. 3 hrs

CONTRIBUTORY (SECONDARY): Broncho Pneumonia - Right Lung
(duration) ..... yrs. ..... mos. 5 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) N S Love, M. D

5-6, 1928 (Address) Nevada, 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: Newton Burial Park — DATE OF BURIAL: 5/6 1928

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada, 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.

10 1928