

24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield

Registration District No. 4-986
Primary Registration District No. 30-25
5000

File No. 24364
Registered No. 58
St. _____ Ward _____

2. FULL NAME

Homer Leo Embree

(a) Residence No. 103 B. Market St. 3 Ward Brookfield mo.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-28 1928

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ in.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-10-1909

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 19 4 18

Killed in automobile accident - E. of Brookfield, Michael road - (On Highway #34)

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) 210M/880 (duration) _____ yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) mo

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

10. NAME OF FATHER Theodore Embree

(Did an operation precede death? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do-Not-Know (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. J. Ellis, M. D.

12. MAIDEN NAME OF MOTHER Lula Walden

7-29, 1928 (Address) Coroner

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

14. INFORMANT Mrs. Lula Embree (Address) Brookfield

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michael Cemetery DATE OF BURIAL July 31 1928

15. FILED 7-30, 1928 Bessie M. Fore Deputy REGISTRAR

20. UNDERTAKER C. White ADDRESS Brookfield

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PARTICIPANTS SHOULD STATE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

