OV 24 1928

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

Do not use this space.

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No. 35885
Township Union — Primary Registration District No. 6182 — Registered No. 94
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Emma Declue
(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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 OF~~ (OR) WIFE OF: James Declue

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3, 1895

7. AGE: Years 33 — Months 3 — Days 12 — 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): Old Mines Mo

PARENTS
10. NAME OF FATHER: Robert Bourisaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo.
12. MAIDEN NAME OF MOTHER: Bridget Degonia
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo.

14. INFORMANT (Address): Linneus Becquette Racoll Mo.

15. FILED 10/16, 1928 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Oct. 15, 1928, that I last saw her alive on Oct 1, 1928, and that death occurred, on the date stated above, at 1:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. F. Cresswell, M. D
Oct 16, 1928 (Address) Potosi, 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: Old Mines Mo — DATE OF BURIAL: 10/16 1928

20. UNDERTAKER: J. B. Boyer & Son. — ADDRESS: Potosi, 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.