JAN 22 1929

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

Do not use this space.

842

30
1
6

1. PLACE OF DEATH

County Dallas — Registration District No. 241 — File No.

Township ~~North Benton~~ — Primary Registration District No. 5334 — Registered No. 843

City Buffalo (No. ..... St. ..... Ward)

2. FULL NAME Anna Emory

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	3	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

262

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana

2

PARENTS

10. NAME OF FATHER J. W. Fitch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

31

12. MAIDEN NAME OF MOTHER Milam

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

2

14. INFORMANT S. T. Gower (Address) Buffalo, Mo.

15. FILED 1/13, 1929 Harvey Monroe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 19..

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 12, 1929 that I last saw her alive on Jan 11, 1929, and that death occurred, on the date stated above, at 11:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11 P.

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Infected Tars

..... (duration) Usual yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) G. E. Plummer, M. D.

, 19 (Address) Buffalo, 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	DATE OF BURIAL
Stever Cemetery	1/13/29 19

20. UNDERTAKER	ADDRESS
C. E. Routh & Son	Buffalo Missouri

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.