

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

Do not use this space.

4474

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **City Hospital #2**)

File No.....
Registered No. **1138**
St..... Ward.....

2. FULL NAME

(a) Residence. No. **1322 Morgan St.** **25** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug. 10, 1893</i>				
7. AGE	YEARS <i>35</i>	MONTHS <i>4</i>	DAYS <i>21</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <i>Laborer</i> (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) <i>Ark.</i>				
PARENTS	10. NAME OF FATHER <i>Jim Emerson</i>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>			
	12. MAIDEN NAME OF MOTHER <i>Patience Pinkney</i>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>			
14. INFORMANT (Address) <i>Mrs. Fullwood</i>				
15. FILED <i>23 1929</i> <i>Wm. L. Stewart</i> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-1-1929*

17. I HEREBY CERTIFY, That I attended deceased from *12-15-1928* to *1-1-1929* that I last saw him alive on *1-1-1929*, and that death occurred, on the date stated above, at *8:50 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gabele Vardalis

80 (duration) yrs. *9* mos. ds.

CONTRIBUTORY (SECONDARY) *172* (duration) yrs. mos. 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? *Tub*
(Signed) *J.E. Cunningham* M. D.
. 19 (Address) *2945 Salton*

*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 <i>Washington V.</i>	DATE OF BURIAL <i>1/4 1929</i>
20. UNDERTAKER <i>W. Richter 3500</i>	ADDRESS <i>Putney</i>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

23
2
2
2

