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

Do not use this space.

6278

1. PLACE OF DEATH
County: Howard
Township: Chariton
City: Glasgow (No. ..... St. ..... Ward)

Registration District No. 379
Primary Registration District No. 4223

File No. .....
Registered No. .....

2. FULL NAME: Mildred Emyard

(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 7 yrs. 6 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 16 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	6	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Glasgow Mo

PARENTS

10. NAME OF FATHER: Marion Emyard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Rodgrake Mo
12. MAIDEN NAME OF MOTHER: Flossie Roper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo

14. INFORMANT: Flossie Brookman
(Address): Glasgow Mo

15. FILED 2-24, 1929 C. A. Temple, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 19, 1929 that I last saw h. alive on Feb 18, 1929, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From burns (burning building) 1811

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
(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? Clinical
(Signed) Carl C. Heger, M. D
2/20, 1929 (Address) Glasgow, 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~~: Glasgow Mo — DATE OF BURIAL: Feb 21 1929

20. UNDERTAKER: Vandivort & Audsley — ADDRESS: Glasgow Mo.

N. B.—Every item of information should be carefully [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified.

6 [illegible]

Glasgow, Missouri
February 12, 1936

TO WHOM IT MAY CONCERN

This is to certify that Mildred Gaines was born _____ and died Feb. 19 1929 and that above Mildred Gaines was the daughter of Flossie Enyard, and that this child was burried under the name of Mildred Enyart by error.

Therefore the child Mildred Enyart and Mildred Gaines is one and the same person.

Signed

Flossie Enyard Mother

J. Walker Audsley Undertaker

Carl C. Weger Attending Physician

State of Missouri
County of Howard:ss.

Subscribed and sworn to before me this 15th day of February, 1936.

Mildred H. Lewis
Notary Public, Howard County, Mo.

My commission expires Nov. 25th, 1939.

...AGE should be stated EXACTLY. PHYSICIANS should state ...t of OCCUPATION is very important.
...RET, WITH UNFADING INK--THIS IS A PERMANENT RECORD

5-62.95