

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

Do not use this space.

7188

1. PLACE OF DEATH

County Macon
 Township Valley
 City (No.)

Registration District No. 531
 Primary Registration District No. 574
5722

File No.
 Registered No. 3
 St. Ward

2. FULL NAME Julu Ethel Embleton

(a) Residence No. New Cambria MO St. Ward.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF At home with mother

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21st 1885

7. AGE 43 YEARS 10 MONTHS 23 DAYS If LESS than 1 day, hrs. or min.

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) New Cambria
 (STATE OR COUNTRY) Macon Co. MO

10. NAME OF FATHER Wm Embleton

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

12. MAIDEN NAME OF MOTHER Martha Hoffman

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

14. INFORMANT E. W. Embleton
 (Address) New Cambria MO

15. FILED 2-24-29 9:27 Sunday

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 18 of Oct 1929 to Feb. 14 1929 that I last saw h.w. alive on Feb. 14 1929, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

lobar pneumonia
Arthritis of shoulder
a paralytic stroke
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

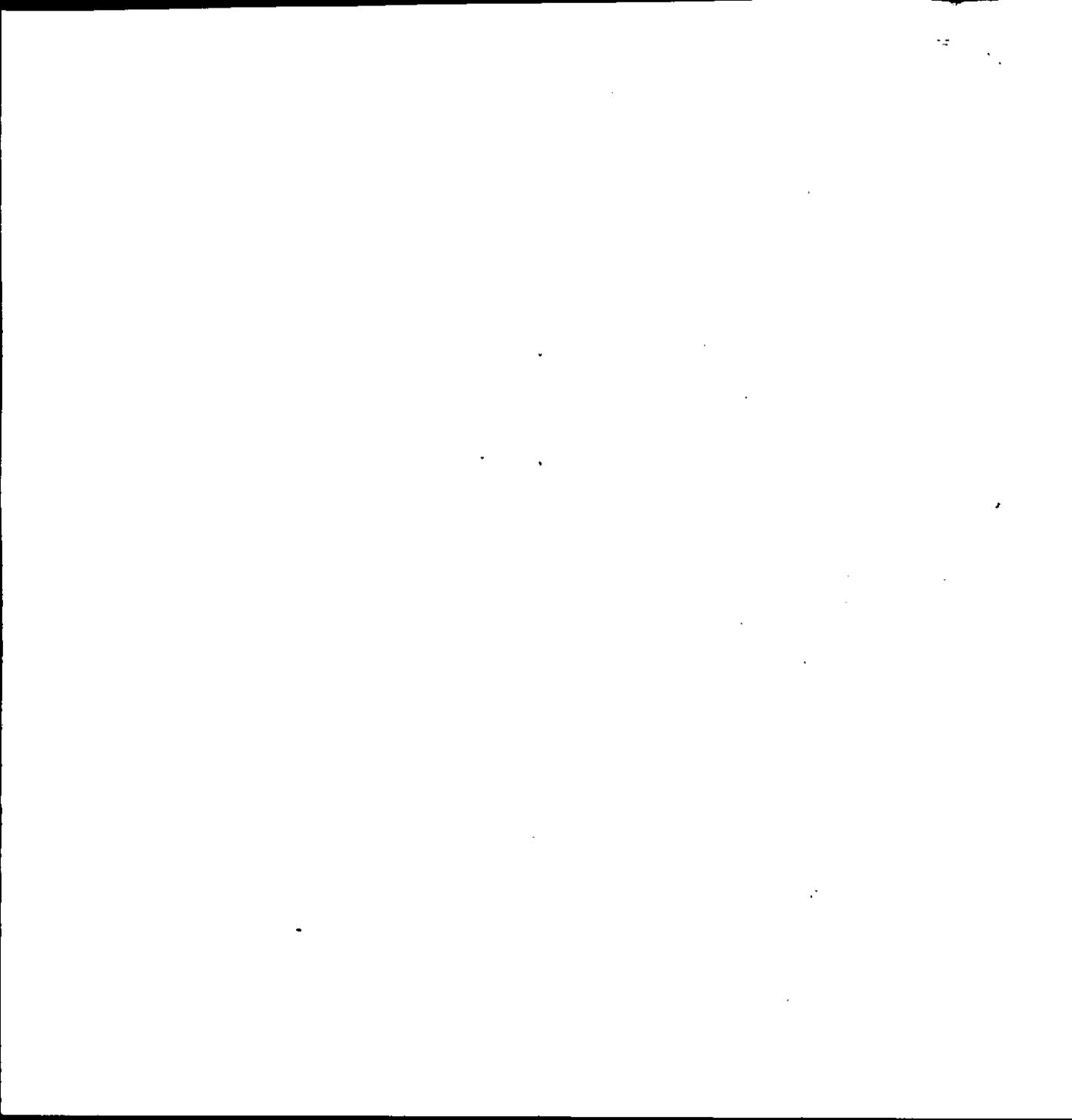
(Signed) Dr. W. H. Goveh, M. D.

2-15-1929 (Address) Elmer, Missouri

*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 New Cambria Cem DATE OF BURIAL Feb 15 1929

20. UNDERTAKER J. Gilliland ADDRESS New Cambria MO



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CONTAINED
HEREIN MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH. County Macon Registration District No. 531 File No. _____
 Township Valley Primary Registration District No. 5722 B Registered No. 3
 City _____ St. _____ Ward _____

2. FULL NAME Julia Ethel Embleton
 (a) Residence. No. New Cambria mo 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF At home with mother

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 10 23

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) New Cambria
 (STATE OR COUNTRY) Macon Co Mo

10. NAME OF FATHER Wm Embleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Mrs Ida Coffman

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

14. INFORMANT E. W. Embleton
 (Address) New Cambria mo

15. FILED Feb 15 1929 J. A. Shackett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 to Feb 14 1929
 that I last saw h. _____ alive on Feb 14 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular pneumonia

CONTRIBUTORY (SECONDARY) Arthritis Rheumatism
had had a paralytic stroke

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W. W. H. Loach, M. D.
7/15 1929 Address Elmer 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 New Cambria, Cem DATE OF BURIAL Feb 15 1929

20. UNDERTAKER J. E. Gellblane ADDRESS New Cambria mo

REGIST. \$5 SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
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 SUPPLEMENTARY

5-7188