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

Do not use this space.

9618

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 223

City: St. Joseph (No. State Hospital for Insane A.V.St. Ward)

2. FULL NAME: Emma Emory

(a) Residence. No. St., Ward. Higginsville Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year 1884

7. AGE: Years 45 — Months Unk — Days Unk — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Odessa
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: J. T. Emory

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Records State Hospital
(Address): St Joseph Mo

FILED MAR 8 1929, 19

John T. Gh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1929, to Mar 8, 1929, that I last saw b.e.a. alive on Mar 7, 1929, and that death occurred, on the date stated above, at 11 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis
(duration) yrs. mos. 1 ds.

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

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? Clinical

(Signed) D. S. Dining, M.D.
Mch 8, 1929 (Address) State Hospital St Joseph 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: Higginsville, Mo. — DATE OF BURIAL: Mch. 10 1929

20. UNDERTAKER: Heaton Brisale & Bowman — ADDRESS: 319 S. 10th

by J. H. Frank — Funeral Home

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.