JUL 23 1929

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

Do not use this space.

File No. 17183

Registered No. 15

1. PLACE OF DEATH
County: Barry
Township: McDonald
City: ..... (No. ..... St. ..... Ward)
Registration District No. 31
Primary Registration District No. 204 SA

2. FULL NAME: Thomas Fred Emmes.
(a) Residence. No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 6, 1855

7. AGE: Years 73 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Arkansas.

PARENTS
10. NAME OF FATHER: Elic Emmes.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Jerry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs. Hattie Emmes
(Address): Purdy, Mo.

15. FILED 7-9, 1929 Mattie Blankenship, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 20 1929, 1929, to May 26, 1929, that I last saw him alive on May 26, 1929, and that death occurred, on the date stated above, at 9:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
11A
1179A
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Influenza
..... (duration) ..... yrs. ..... mos. 22 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? .....
(Signed) T B Keel M. D
, 19 (Address) Purdy 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: Emmes Cemetery
DATE OF BURIAL: 5-28 1929
20. UNDERTAKER: Blankenships
ADDRESS: Purdy

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.

2
2
31

1929 - 5 - 2[illegible]

73 - 12 - [illegible]

1855 - 5 - [illegible]

74 Dec 16.

12

1929 - 5 - 26.

1855 - 12 - 1[illegible]

73 - 5 - 10