70

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

Do not use this space.

34496

1. PLACE OF DEATH
County Montgomery — Registration District No. 590 — File No.
Township Loutre — Primary Registration District No. — Registered No.
City (No. St. Ward)

2. FULL NAME Emma Rose
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

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

7. AGE: About 80 — YEARS — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, hrs. or min.

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co

PARENTS
10. NAME OF FATHER: Wilson Yancy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Corean Gibson
(Address) 1511a N. Pendleton, St Louis, Mo.

15. FILED 10/3, 1929 J. C. Niedergerke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929, to Sept 18, 1929, that I last saw her alive on Sept 18, 1929, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
1 2 3
1 4 5
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Enteritis
(duration) — yrs. — mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED? 114B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. B. Nichols, M. D.
, 19 (Address) Rhineland 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: Loutre Island Twp. Cemetery — DATE OF BURIAL: 10/4/1929

20. UNDERTAKER: H Erman Blumer — ADDRESS: H Erman Mo.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.