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

Do not use this space.

39587

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Saltpeter — Primary Registration District No. 3002 — Registered No. 174

City Mexico (No. 926 S Clark St. Ward)

2. FULL NAME Mrs. Ema Luckie Shark

(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 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widdow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James Shark

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

7. AGE: about 77 YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joph F Luckie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary Malone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Kate L. Lawder
(Address) Mexico Mo

15. FILED Dec 31st 1929 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1929, to Dec. 30, 1929, that I last saw her alive on Dec. 29, 1929, and that death occurred, on the date stated above, at 8.55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Concussion of brain, blood clot, tumor. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) from fall. 4 weeks (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Paul E Corl, M.D.

, 19 (Address) Mexico Mo. 10

*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: Mexico Mo Cem — DATE OF BURIAL: 12-1 1930

20. UNDERTAKER: H A Precht & Son — ADDRESS: Mexico

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.

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