

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

377

1. PLACE OF BIRTH

County Callaway Registration District No. 105
Township Arrow Primary Registration District No. 5165
City (No.) St. Ward)

File No.
Registered No. 1

2. FULL NAME

John E. Emswath

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Emswath
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1844
7. AGE
YEARS MONTHS DAYS
85 11 8
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) Germany

10. NAME OF FATHER Thomas Emswath
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mrs. Ann Emswath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Geo. Emswath
(Address) Portland, Mo.

15. FILED 1-28-30 W. E. Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1928, to Jan. 5, 1930 that I last saw him alive on Jan. 5, 1930, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anterior detachment
97
11 to 2 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic. Exam
(Signed) H. D. Bridgman, M.D.
, 19 (Address) Portland, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portland, Mo. **DATE OF BURIAL** 1-9-1930

20. UNDERTAKER Boston Baker **ADDRESS** American

N. E.—Every item of information should be carefully supplied. Every effort should be made to secure correct information. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 14

