

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.

JUN 24 1930

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

Do not use this space.

8062-A

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 184  
Township Osark Primary Registration District No. 4110  
City Osark Mo (No. ....) St. .... Ward)

File No. ....  
Registered No. 73

2. FULL NAME

Emma Jones  
(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 1874  
7. AGE YEARS 55 MONTHS 4 DAYS 16 If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

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

10. NAME OF FATHER John Grubaugh  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylv  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Margarette Madigan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)

14. INFORMANT J. A. Jones  
(Address) Osark Mo

15. FILED Apr 20 1930 Loretta Leonard  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1930  
17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Mar 12, 1930 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 5:25 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
13 5 13 (duration) 1 yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) Arthritis (duration) 10 yrs. .... mos. .... 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) R. R. Farthing, M. D.  
July 19 30 (Address) Osark 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 Richwood Cemetery DATE OF BURIAL March 14 1930

20. UNDERTAKER L. B. Chaffin ADDRESS Osark Mo

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