OCT 31 1930

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

Do not use this space.

30651

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No.
Township — Primary Registration District No. 3031 — Registered No. 83
City ~~Maryville~~ (No. ..... St. ..... Ward)

2. FULL NAME Emily J. Dempsey
(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 (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas Dempsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 31 1851

7. AGE: YEARS 79 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Oneida Ill

PARENTS
10. NAME OF FATHER: Geo. Masters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Sarah Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sky

14. INFORMANT: Frank Dempsey
(Address) Maryville Mo

15. FILED Sept 10 1930 C. P. Fryer REGISTRAR
M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1929, to Sept 8th 1930, that I last saw her alive on Sept 8th 1930, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A
97
Apoplexy
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY): Cerebral Arteriosclerosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Mad
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Laboratory
(Signed) Chas. H. Martin, M. D.
, 19 (Address) Maryville 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: Oak Hill Maryville — DATE OF BURIAL: 9-10 1930

20. UNDERTAKER: Cummins Furn Co — ADDRESS: Maryville

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.