

NOV 21 1930

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

Do not use this space.

32322

1. PLACE OF DEATH

County Verde
Township Hurricane
City (No.)

Registration District No. 137
Primary Registration District No. 5795

File No.
Registered No. 60
St. Ward

2. FULL NAME

Emma Stevens

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 8 28

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (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) Thaxendale Ind

10. NAME OF FATHER John Zorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Ann Zorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT (Address) Miss Ida Hardsity, Dummer Mo

15. FILED 10-8-1930 WPK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1930
17. I HEREBY CERTIFY That I attended deceased from Oct 30 1930 to Oct 6 1930 that I last saw her alive on Oct 6 1930, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocardial infarction
10:00 Mon Thru (duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Acute bronchitis (duration) 4 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? Physical signs (Signed) A. R. Lewis, M. D. Oct 7 1930 (Address) Dummer 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 Top side Cemetery DATE OF BURIAL Oct 8 1930

20. UNDERTAKER Frank E. Slater ADDRESS Hale Mo

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.

