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

Do not use this space.

39880

File No. .....

Registered No. 8 8 -

JAN 20 1931

1. PLACE OF DEATH

County: Johnson

Township: Madison

City: Holden (No. ....., ... St., ... Ward)

Registration District No. 427

Primary Registration District No. 4233

2. FULL NAME: Elizabeth Emery

(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 4 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: Isaac D. Emery

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 15 - 1833

7. AGE: Years 97 | Months 2 | Days 10 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Inmate of Home

(b) General nature of industry, business, or establishment in which employed (or employer): for Aged

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): White Co

(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Frederick M. Pavish

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

12. MAIDEN NAME OF MOTHER: Nancy Brownder

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

14. INFORMANT: Mrs Edith Carr

(Address): Holden Mo

15. Matron of Home for Aged

FILED 12/27, 1930 G. W. Hall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 26 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1926 to Dec 26 1930 that I last saw h.... alive on Dec 26 1930, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Debility

162

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 164

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Emery Sharpson, M. D

, 19 (Address) Holden 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: Garrison Cemetery

DATE OF BURIAL: Dec 27 1930

20. UNDERTAKER: T. H. Goodman

ADDRESS: Holden 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.

[illegible] INSURANCE PURPOSES IS A PERMANENT RECORD