

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

Do not use this space.

40018

1. PLACE OF DEATH

County Sevier
Township Pentaca
City Cuden (No. _____)

Registration District No. 504
Primary Registration District No. 4307

File No. _____
Registered No. 13 St. _____ Ward)

2. FULL NAME

Miss Emie Catherine Hearing

(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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob McHearing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1834

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
96 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) X X
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

PARENTS

10. NAME OF FATHER Jacob McHear

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittman Co.
(STATE OR COUNTRY) Sevier

12. MAIDEN NAME OF MOTHER Mary Deque

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

14. INFORMANT Miss Mary L. Bales
(Address) Cuden Mo.

15. FILED Dec 12 1930 U. C. Dryden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 1927 to Nov 15, 1930 to Dec 2, 1930, that I last saw h. e. alive on Dec 2, 1930, and that death occurred, on the date stated above, at 11.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia
107R
162

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY Genese Searcy
(SECONDARY)

(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? Physicians clinics

(Signed) Geo G. Brown B.S. - D.O.

Dec 3, 1930 (Address) Browning 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

DATE OF BURIAL

Bank Ground

Dec 4 1930

20. UNDERTAKER

ADDRESS

L. W. Hummer

Browning Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 20 1931

MARGIN RESERVED FOR BINDING

