

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.

24 1931

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

Do not use this space.

4868

**1. PLACE OF DEATH**

21 County Chariton  
 Township Brunswick  
 City Near Brunswick (No. ....)

Registration District No. 169  
 Primary Registration District No. 5235

File No. ....  
 Registered No. 48  
 St. .... Ward

**2. FULL NAME** Emaratina Faller

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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 Widow of Joe Faller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-17-1851

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

79	4	4	
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper 235

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 2

10. NAME OF FATHER Valentine Specht

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine 9

12. MAIDEN NAME OF MOTHER Ann M Knapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

14. INFORMANT Miss Alice Faller (Address) Brunswick Mo

15. FILED 2/22, 1931, N. E. Datum REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-21 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 12 noon m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
I did not attend on deceased. While bedfast she had no attending phy. died when I arrived. no suspicion of foul play.  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Probably death due to some heart lesion  
 (duration) yrs. mos. ds.  
15 1/2

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 15 1/2

DID AN OPERATION PRECEDE DEATH? no DATE OF ..... WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Harry E Datum M. D.

3/1, 1931 (Address) Brunswick 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 Brunswick Mo DATE OF BURIAL Feb 23 1931

20. UNDERTAKER L. Weiss Brunswick Mo ADDRESS

