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

Do not use this space.

8935

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington, — Primary Registration District No. 5127 — Registered No. 26

City St. Joseph (No. Karnes Road, R.F.D. # 6, St. Joseph, Mo. St. Ward)

2. FULL NAME Emmer Angerline Gaulding,

(a) Residence. No. Karnes Road, R.F.D. # 6, St. Joseph, Mo. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Gaulding,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1849,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	9	11	

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) Lee County, (STATE OR COUNTRY) Virginia,

PARENTS

10. NAME OF FATHER George Tankersley,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) West Virginia,

12. MAIDEN NAME OF MOTHER Julia A. Faulkner,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) West Virginia,

14. INFORMANT Mrs Mattie Robbins (Address) R.F.D. # 6, St. Joseph, Mo.

15. FILED Mar 13, 1931 J. J. Barnhart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 9, 1931 that I last saw her alive on Mar 9, 1931, and that death occurred, on the date stated above, at 11:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis probably 2 years

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. A. Robertson, M. D.

Mar 12, 1931 (Address) St. Joseph 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
Mount Mora Cemetery,	Mch. 13, 1931
20. UNDERTAKER	ADDRESS
Heaton-McGale & Bowman	319 S. 10 St.

Cuvier's Home