

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

Do not use this space.

12917

1. PLACE OF DEATH

County Texas
Township Piney
City Houston (No. _____)

Registration District No. 863
Primary Registration District No. 4522

File No. _____
Registered No. 147
St. _____ Ward _____

2. FULL NAME

James Madison Embrey

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leslie Embrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>9</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 172
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Coggins Marble Co.

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

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Thomas J Embree
(Address) Inure, Mo.

15. FILED 5-26 1931 J. H. Marks
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1931, to Mar 24, 1931, and that that I last saw h. an alive on Mar 24, 1931, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

115 Influenza
162

CONTRIBUTORY (SECONDARY) Old Age
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 113 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? W. P. Herron, M. D.
(Signed) _____

Mar 21, 1931 (Address) Houston, 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 Mt. Pisgah Cemetery DATE OF BURIAL March 26, 1931

20. UNDERTAKER Gaylord V Elliott ADDRESS Houston 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.

APR 27 1931

