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.

MAY 6 1931

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

Do not use this space.

15426
198

1. PLACE OF DEATH
County St Francois
Township
City Flat River (No. 4465 St. Ward)

Registration District No. 924
Primary Registration District No. ~~[illegible]~~

File No.
Registered No.

2. FULL NAME Mrs Emma Bernice McBride

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF J. E. McBride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1865

7. AGE: Years 65 Months 8 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monroe Co. (STATE OR COUNTRY) Illinois

FATHER
13. NAME John Drury
14. BIRTHPLACE (CITY OR TOWN) Monroe Co. (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Jane Hanschau
16. BIRTHPLACE (CITY OR TOWN) Wirt Co. (STATE OR COUNTRY) Va.

17. INFORMANT L. B. McBride (ADDRESS) Flat River

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE 4-7-31

19. UNDERTAKER C. F. Boyer (ADDRESS)

20. FILED April 29, 1931 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 4 - 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Died suddenly	
94A	

Other contributory causes of importance: not known

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. J. Bryan M. D.
(Address) Flat River

W. J. Bryan