

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

Do not use this space.

34094

1. PLACE OF DEATH

County Dunklin

Registration District No. 289

File No. _____

Township Cotton Hill

Primary Registration District No. 5407

Registered No. 380

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Katie Emery

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Emery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 9 - 1880</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
FATHER	13. NAME X <u>Samuel T Sills</u>	
	14. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME X <u>Tobitha McLane</u>	
	16. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>John Emery</u> (ADDRESS) <u>Malden Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gravel Hill</u> DATE <u>10-30</u> 19 <u>31</u>		
19. UNDERTAKER <u>W. L. Craig</u> (ADDRESS) <u>Malden Mo</u>		
20. FILED <u>10/30</u> 19 <u>31</u> <u>S. B. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Oct 29th 1931
I last saw her alive on Oct 18th 1931. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Myocarditis
Date of onset June 1930

Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis denial 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) S. B. Mitchell, M. D.
(Address) Malden 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.

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