

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

Do not use this space.

34944

1. PLACE OF DEATH

County Amur
Township Marcellus
City Marcellus (No. _____)

Registration District No. 502
Primary Registration District No. 4305

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Emaline Estel

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) White Oak (STATE OR COUNTRY) no

MOTHER FATHER
13. NAME Harry Wundler

14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY) _____

MOTHER FATHER
15. MAIDEN NAME Virginia Kovern

16. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Ruther Mason (ADDRESS) Marcellus no

18. BURIAL, CREMATION, OR REMOVAL PLACE Boston Cem. DATE Oct 27 1931

19. UNDERTAKER Gas M. Laughlin (ADDRESS) Marcellus no

20. FILED 10/27 1931 Ola Futura Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1931 to Oct 24 1931. I last saw her alive on Oct 23 1931. Death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance were as follows:

Old age & loss of heart
angina pectoris
Other contributory causes of importance: 748 94 A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) James S. Gates, M. D.
(Address) Marcellus no

57

State of Missouri)

County of Linn) ss

Mrs. Jane Mason deposes and, says that her Post Office Address is Marceline, Mo., and that she is the same person as Mrs. Luther Mason named as the "Informant" in the within certificate of death. Said deponent further states that all of the statements made in the within "certificate of death" are true to the best of her knowledge and belief.

Jennie Mason

Subscribed and sworn to before me this 27th day of Feb., 1932.

H. O. Trader

Notary Public.
Term expires May 15, 1934.

S-34944