

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

Do not use this space.

PLACE OF DEATH

County Sullivan
Township Milan
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 4518

File No. 43150
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emmaline Speakes
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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.

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 Orville Speakes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7.3 5 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lancaster, Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Frankler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Edmons, Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edmons, Ohio
(STATE OR COUNTRY)

14. INFORMANT Chester Hurdle
(Address) Milan

15. FILED 12/21, 1931 Bertha McClary
REGISTRAR
by C.A. Schoene, Secy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 14th 1931 to Dec 21st 1931, that I last saw her alive on Dec 20th 1931, and that death occurred, on the date stated above, at 4:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis with mitral lesion - failing heart causing ascites (duration) 1 yrs. 7 mos. 7 ds.
CONTRIBUTORY chronic heart for years (duration) 12 yrs. 7 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) Grace Jimmons, M.D.
Dec 27, 1931 (Address) Milan, 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 Pleasanton Kans. DATE OF BURIAL Dec 27 1931

20. UNDERTAKER C.A. Schoene ADDRESS Milan 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.

