

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

Do not use this space.

1006

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City J. C. Mo

Registration District No. 389  
Primary Registration District No. 7002  
(No. 2814 Prospect)

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma A. Roe

(a) Residence, No. 2814 Prospect 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo E. Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>4</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Wisconsin

13. NAME Emma Knapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown WI

15. MAIDEN NAME Parkinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Geo. E. Roe

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-7-1932

19. UNDERTAKER (ADDRESS) Mrs. P. L. Howler

20. FILED Jan 6 1932 M. M. Browne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 1st - , 1932, to Jan 6th - , 1932

I last saw her alive on Jan 6th - , 1932 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

110B  
106B  
111A. Bronchitis - complicated with pleurisy with pulmonary embolus -  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Sudden Cardiac failure

106B

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) Ben A. Brown, M. D.

(Address) 652 Board Trade

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

205011001-10111  
Pd of Trade H2-3424