

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

Do not use this space.

1. PLACE OF DEATH

24
2
4
County Clay
Township F.R.
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. 4079
Registered No. 26 St. _____ Ward)

2. FULL NAME

Emma Trankke
(a) Residence, No. 311 North Main Ex. Spgs. Ward. _____
(Usual place of abode)
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) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 0 7
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. 235
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) Clay Co. Mo

13. NAME Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT (ADDRESS) August Trankke Excelsior Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Clay Co. DATE Feb 19 1932

19. UNDERTAKER (ADDRESS) Herbert Hays Excelsior Springs

20. FILED 2-18 1932 Y. B. Gledhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-14 to 2-17, 1932
I last saw her alive on 2-16, 1932 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:
phlebotomy Melitus
hemiparesis of left foot
59
785

Date of onset 1920
July 1931

Other contributory causes of importance:
59
785
59
785
Name of operation none Date of _____
What test confirmed diagnosis? phlebotomy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. G. Clark M. D.
(Address) Excelsior Springs, Mo.

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.

MA 9 2 9 1932

