

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone Registration District No. 73 File No. 7362
 3 Township Primary Registration District No. 3006 Registered No. 42
 8 City Columbia (No. 105 Park St. Ward)

2. FULL NAME

Emmie Katherine Freelton
 (a) Residence No. 105 Park St. Ward. (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>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-10-32</u>		
7. AGE	YEARS	MONTHS
		21
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Infant</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Columbia mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>R. K. Roy Freelton</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Slater mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Hazel Holman</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Columbia mo</u> (STATE OR COUNTRY)	
14. INFORMANT <u>R. K. Roy Freelton</u> (Address) <u>105 Park for Columbia mo</u>		
15. FILED <u>3-1-1932</u> <u>Allie Selby</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY AND YEAR) 3-1-32

17. I HEREBY CERTIFY, That I attended deceased from 2-29-32, 19..... to 3-1-32 that I last saw her alive on 2-29-32, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rubeola Pneumonia
108 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? Oa moon M. D.
 (Signed)
3-1- 19 31 (Address) Columbia 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 <u>Columbia Cem.</u>	DATE OF BURIAL <u>3-1-1932</u>
20. UNDERTAKER <u>Stuart P. Parker</u>	ADDRESS <u>Columbia</u>

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.

APR 3 1932

