

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Force

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 27 1932

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

Do not use this space.

8861

1. PLACE OF DEATH
 County Jasper Registration District No. 408
 Township Carthage Primary Registration District No. 3020
 City Carthage (No. M. Cune - Brooks Hospital) Ward

2. FULL NAME Emma Marie Street
 (a) Residence, No. 733 E 7th St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 4 7

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. _____

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) Reads Spring Mo.

13. NAME John Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Minnie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avilla Mo.

17. INFORMANT (ADDRESS) Mrs Minnie Wood Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calley Ave DATE 3-31-1932

19. UNDERTAKER (ADDRESS) Blumer - Drake Carthage Mo.

20. FILED 7/31 1932 W. Ditcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1932 to Mar 30, 1932
 I last saw him alive on Mar 29, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Puerperal Septicemia Date of onset Mar 22, 1932
type unidentified
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. A. LaPoull M. D.
 (Address) Carthage Mo.

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