MISSOURI STATE BOARD OF HEALTH Do not use this space. Should be stated garding. BUREAU OF VITAL STATISTICS 22658 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No File No..... Primary Registration District No Registered No..... angeline Emerso (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred YESds. How long in U. S., If of foreign birth? mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 1937 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) widow attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED MUSDAND or (OR) WIFE OF to have occurred on the date stated above, at / 0.3 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B. —Every item of information should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE DAYS If LESS than I YEARS MONTHS day,hrs. 6-7-82 8. Trade, profession, or particular kind of work done, as spinner. foursewife & mother sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as sitk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation Date of What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury.... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?.... If so, specify..... 19. UNDERTAKER (ADDRESS)

LAW.		, ,			ATISTICS	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. File No	
RIBED BY	Township Willow Spages P				6.22 Q		
S PRESC	2. FULL NAME Mary angelis	re C	E m sı	uso	r Alsu Ward.	St.	Ward)
ETE A	(a) Residence, No	угя.	mos.	ds.	(If no How long in U. S., if of fo	nresident, give city or town a reign birth? yrs. n	nd State) nos. ds.
OMPL	PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR			MEDICAL CERTIFICATE OF DEATH			
E C	Divorced (write the word)			21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1.19 3. 22. I HEREBY CERTIFY, That I attended deceased from			
HEY A	5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LE	LP.	·	I last saw	ely/ D	2 Suly	Z 19.7
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS	16 . /8	145	to have or	ccurred on the cate stated inal cause of death and re	above at 13 30 m.	ere as follows
S C		day,	hrs.	91	Due	ma	Date of ons
CATES	8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc.	,	γ			0	6-7
EE FOR CERTIFIC	9. Industry of business in which	er,					
	work was dene, as sha min, // / CR. saw mill, bank, etc	n this	2	Other con	tributory causes of imports	nce:	
	12. BIRTHPLACE (CITY OR TOWN) J. (STATE OR COUNTRY)		X				
ζ.		7		Nt		Date of	
<u> </u>	13. NAME J. M. EMLISO 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
REC	15. MAIDEN NAME LIZABEL VESTES 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT MY ELECTION (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATEFULLY 7, 193					ses (violence), fill in also the f	-
δ				Where did injury occur?			
IALL				Specify w	hether injury occurred in in	dustry, in home, or in public p	lace.
RS SH				Manner of injury			
Æ							
EGIST	19. UNDERTAKER J. Burns (ADDRESS) Willow Sprins	~2. ``}?	u	If so, spec	\mathcal{L}	Cox	, M. D
E.	120. FILED 9/2 1932 18 Fless	Market Regist	27		Address) / 15m	/	
			P				



S-246508