

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.

JAN 9 1932

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

Do not use this space.

33338

1. PLACE OF DEATH  
 93 County W. Clair Registration District No. 765  
 Township          Primary Registration District No. 4460  
 4 City Osceola (No.         ) St.          Ward         

2. FULL NAME Thomas Addison Emerson  
 (a) Residence, No.          St.          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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15/1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>17</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. smithy

10. Date deceased last worked at this occupation (month and year) some yrs ago 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Samuel B. Emerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Hannah Bledsoe

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

17. INFORMANT Mrs. T. D. Emerson  
(ADDRESS) Osceola

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Osceola Cem DATE 10/29 1932

19. UNDERTAKER Ruth Seavers  
(ADDRESS) Osceola Mo

20. FILED 11/10 1932 Ruth Seavers  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Oct 28, 1932  
 I last saw him alive on Oct 20, 1932. Death is said to have occurred on the date stated above, at 11 P. m.  
 The principal cause of death and related causes of importance were as follows:  
broken hip due to a fall 10/14/32  
 Other contributory causes of importance: age 1860 14  
 Date of onset

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? accident Date of injury 9-19, 1930  
 Where did injury occur? on street  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury broken hip - fall  
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed) Ruth Seavers, M. D.  
 (Address) Osceola Mo

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