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

Do not use this space.
35673

File No. 4173
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 517 Brighton St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mrs. Emma B. Love
(a) Residence, No. 517 Brighton St., 10 Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	3	10	

OCCUPATION
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.
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) Kansas City, Mo.

FATHER
13. NAME John T. Bartles on
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Susan N. Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Jack Love 517 Brighton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem DATE 11-8-32, 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc. K.C. Mo.

20. FILED 11-7, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, -32, 19

22. I HEREBY CERTIFY, That I attended deceased from 25, 19, to Nov. 5, 1932
I last saw her alive on Nov. 4, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov 1
1330	
93A 93J	
Other contributory causes of importance: Myocarditis, Chronic	10 yrs

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Stacy J. Rieing, M. D.
(Address) 602 ARGYLE BLDG.

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.

Dr Dean S. Rising Argyle Bldg