

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Townships St. Joseph, Mo. Primary Registration District No. Sisters Hospital
 City St. Joseph, Mo. (No. Sisters Hospital) St. _____ Ward _____
 2. FULL NAME Emma May Inavely
 (a) Residence, No. 50 Ward. De Kalb, Missouri
 (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.

File No. 38479
 Registered No. 1102
 St. _____ Ward _____

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) Oct 10, 1866
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. min.
66 | Unknown
 OCCUPATION 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) Unknown 31
Unknown
 MOTHER FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown
 17. INFORMANT Emma Inavely Unknown
 (ADDRESS) St. Joseph, Mo. Unknown
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Auburn DATE Dec. 10, 1932
 19. UNDERTAKER S. J. German Funeral Home, Inc.
 (ADDRESS) St. Joseph, Mo.
 20. FILED 12-9-32 John L. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Dec 6, 1932
 I last saw her alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 10:55 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Unknown
 9357
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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) Cecil Beck, M. D.
 (Address) St. Joseph, Mo.

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 21 1933

