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.

JUN 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 15811

Township — Primary Registration District No. 1001 — Registered No. 549

City St. Joseph (No. 217 West Elk street St. Ward)

2. FULL NAME Robert Gene Embrey

(a) Residence, No. 217 West Elk street St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	11	5	

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) St. Joseph Missouri

FATHER

13. NAME William Embrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fillmore Missouri

MOTHER

15. MAIDEN NAME Mildred Wisdom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Nebraska

17. INFORMANT (ADDRESS) William Embrey 217 West Nebraska St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dearborn, Mo DATE May 28 1933

19. UNDERTAKER (ADDRESS) W. O. Siebenfaden 1802 Union stc St Joseph Mo.

20. FILED 5-27 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to May 26, 1933

I last saw him alive on May 26, 1933. Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Acute — Date of onset 5/17/33

1 PM 1 07 A

Other contributory causes of importance: Unknown

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) A R Timmons, M. D.

(Address) St Joseph Mo