

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

Do not use this space.

17023

File No. 42  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 55 County Lawrence Registration District No. 470  
 4 Township North Vernon Primary Registration District No. 4483  
 2 City North Vernon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Edmer M. Case  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MAUDE M. CASE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard at the Bureau of Engraving  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington, D.C.  
 10. Date deceased last worked at this occupation (month and year) 2 mos ago 11. Total time (years) spent in this occupation Home occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Indiana

13. NAME Emmanuel B. Case

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill

15. MAIDEN NAME Annie Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill

17. INFORMANT (ADDRESS) Folda Case  
North Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 1007 DATE June 3 1933

19. UNDERTAKER (ADDRESS) Geo B. Orr  
North Vernon Mo

20. FILED Jun 17 1933 W J Dalton  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Met death by his own hands by taking Carbolic acid  
163  
 Other contributory causes of importance: 163

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) J. Lewis King  
 (Address) Quincy Mo Cornett

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1933

182  
2  
3  
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