

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

Do not use this space.

1. PLACE OF DEATH

County Dent Registration District No. 266
 Township _____ Primary Registration District No. 47651
 City Salem (No. _____) St. _____ Ward _____

File No. 22726
 Registered No. 88

2. FULL NAME

Mrs Emma C Pines

(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 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 32

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) --- Iowa

13. NAME Ariel Gleason

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

15. MAIDEN NAME Mrs Elmira McCarter

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

17. INFORMANT John Gleason (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cem DATE 7/3/33

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

20. FILED 7/3 1933 W.E. Ridd, Jr., R.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/33

22. I HEREBY CERTIFY, That I attended deceased from 10/31/32 to 4/3/33, 1933.
 I last saw him alive on 4/3/33, 1933. Death is said to have occurred on the date stated above, at 4/3/33 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1928
930
162
 Other contributory causes of importance: Senility

Name of operation _____ Date of operation _____
 What test confirmed diagnosis? Microscopic Where 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) W.E. Ridd, Jr. M. D.
 (Address) Salem Mo

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.
 AUG 22 1933
 AUG 22 1933
 WHITE LABEL WITH UNFADING INK—THIS IS A PERMANENT RECORD

