

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

Do not use this space.

9033
1230

APR 25 1934

PLACE OF DEATH Jackson Registration District No. 394
 County Jackson Primary Registration District No. 1002
 Township East (No. General Hospital #2 St. 3rd Ward)
 City St. Joe
 2. FULL NAME Emma Arrington
 (a) Residence, No. 2701 E. 54th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 47 MONTHS DAYS If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) Miss.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) deceased
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Record Clerk
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Conway Ark DATE 3/20 1934
 19. UNDERTAKER H. J. Tompkins & Son
 (ADDRESS) City
 20. FILED 3-19 1934 on memo
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1934
 22. I HEREBY CERTIFY, That I attended deceased from 3-14 1934 to 3-16 1934
 I last saw her alive on 3-16 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease
Chronic Interstitial Nephritis
 (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) J. C. Drury M. D.
 (Address) General Hosp. #2

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.

24
X X 29

