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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Madison — Registration District No.: 539 — File No.: 9665
Township: German — Primary Registration District No.: 5728 — Registered No.: 30
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Earnest Paul Emmetts

(a) Residence, No. ..... 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21 1934

7. AGE: — YEARS | MONTHS | DAYS: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
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): Madison Co Mo

FATHER
13. NAME: Jas Emmetts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo

MOTHER
15. MAIDEN NAME: Lillie E. Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bussville Mo

17. INFORMANT (ADDRESS): Jas Emmetts.

18. BURIAL, CREMATION, OR REMOVAL: Stephens Cem
PLACE ..... DATE Mar 6 1934

19. UNDERTAKER (ADDRESS): None

20. FILED April 3, 1934 E. C. Slaughter Registrar.
By E. D. Schwaner.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1934 to Mar 5, 1934
I ~~last saw it~~ Prescribed from affix alive on ....., 1934. Death is said to have occurred on the date stated above, at 3/4 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
108 Lobar	
108	

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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?
If so, specify
(Signed) M. B. Barker, M. D.
(Address) Fredericktown Mo.