

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Martin Primary Registration District No. 5564
City Route 6 - Carthage St. _____ Ward _____

File No. 25066
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jemima Emery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 20, 1862</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Clinton Illinois

13. NAME
Robert Emery

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Mrs. J. J. Emery
Route 6 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Oak Hill DATE
July 23, 1934

19. UNDERTAKER (ADDRESS)
Frederick Matheny
Carthage, Mo.

20. FILED July 23, 1934 R. B. Clinton Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1934, to 7-21-34, 1934.
I last saw him alive on 7-14-34, 1934. Death is said to have occurred on the date stated above, at 11 1/2 m.

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

Chronic Nephritis
Bright's Disease

Date of onset

Other contributory causes of importance:

131
132A 131

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 _____, 1934

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) R. B. Clinton, M. D.

(Address) Carthage Mo.

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.

AUG 4 1934

