

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

Do not use this space.

5115

MAR 25 1935

**1. PLACE OF DEATH**

County Harrison  
Township Trail Creek  
City Mt. Moriah (No. ....)

Registration District No. 339  
Primary Registration District No. 4202

File No. ....  
Registered No. 5  
St. .... Ward)

**2. FULL NAME** Eliza Jane Emry

(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 J. H. Emry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/1/1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	78	11	16	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Daniel Norwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary J, Reed

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Chas. Emry  
(Address) Mt. Moriah, Mo.

15. FILED 2/18, 1935 Mrs G. J. Sellers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17/1935 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935 to Feb 17, 1935 that I last saw her alive on Feb 17, 1935 and that death occurred, on the date stated above, at 11/30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Capillary Bronchitis

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no test.  
(Signed) G. J. Sellers, M. D.  
, 19 (Address) Mt. Moriah Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Royd Cemetery DATE OF BURIAL 2/18, 1935

20. UNDERTAKER M. Chambers ADDRESS Mt. Moriah 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.

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6  
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1  
2  
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