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.

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

APR 2 1935

Do not use this space.

7772

1. PLACE OF DEATH

County Stoddard — Registration District No. 836 — File No. 8

103 Township Elk — Primary Registration District No. 6100 — Registered No. 8

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emma Trammel

(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869 – 10 – 13

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	4.	26	

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) Illinois

FATHER

13. NAME John Williams

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

MOTHER

15. MAIDEN NAME Lizzie Lands

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

17. INFORMANT Willie Hamlin
(ADDRESS) Lovelle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor Cemetery DATE 2 – 11 – 1935

19. UNDERTAKER T. E. Knight
(ADDRESS) Parma Mo

20. FILED 2/10 1935 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb – 9 – 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935, to Feb – 8, 1935

I last saw her alive on Feb – 8, 1935. Death is said to have occurred on the date stated above, at 11 30 P m.

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

Lobar Pneumonia — Date of onset 2-5-35

Other contributory causes of importance: Asthma and gout

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? No

If so, specify .....

(Signed) A. J. Brockerson, M. D.

(Address) Parma Mo