

JUN 25 1935

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

(See 10-14)

Do not use this space.

17090

1. PLACE OF DEATH

County Macon

Registration District No. 533

Township

Primary Registration District No. 3027

City Macon (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 173

St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Miss Emma Shartridge

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1858</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>6</u>
		DAYS
		<u>26</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>Housekeeper</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) <u>Macon Missouri</u>		
FATHER	13. NAME <u>A. L. Shartridge</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Madalinet Priest</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VA</u>	
17. INFORMANT (ADDRESS) <u>Miss Ethel Shartridge Macon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakwood Cem</u> DATE <u>May 19 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Albert Skinner Macon Mo</u>		
20. FILED <u>6/13 1935</u> <u>Leota Keuter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1935

I HEREBY CERTIFY, That I attended deceased from June 8 1934 to May 17 1935. I last saw her alive on May 17 1935. Death is said to have occurred on the date stated above, at 12 m.

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

Chronic Myocarditis 1932?  
2 attack cardiac asthma 24 hrs duration

Other contributory causes of importance:

Arterio-sclerosis 1925?

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) J. J. Turner, M. D. (Address) Macon, 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.

THIS IS A STATISTICAL RECORD

