

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

Do not use this space.

OCT 22 1935

25906

1. PLACE OF DEATH

County Clark
Township Madison
City _____ (No. _____)

Registration District No. 190
Primary Registration District No. 5-269

File No. _____
Registered No. 43 St. _____ Ward)

2. FULL NAME

Emma May Courroy

(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 F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Courroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Clark Co. Missouri

13. NAME August Klanner

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

15. MAIDEN NAME Katherine ^{Sue} ~~not known~~

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

17. INFORMANT John Courroy (ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE Sept 1 1935

19. UNDERTAKER Fred Charla (ADDRESS) Kahoka Mo.

20. FILED 1030 1935 J. B. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1935

22. I HEREBY CERTIFY That I attended deceased from July 8, 1935, to Aug 29, 1935.
I last saw him alive on Aug 29, 1935. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
Chronic Interstitial Nephritis
Arteriosclerosis (Aorta)
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Cholesterol Was there an autopsy? no

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. S. Hobbs, M.D., M. D.
(Address) Kahoka 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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AUG 24 1948