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 16 1935
AUG 16 1935

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

Do not use this space.

26278

1. PLACE OF DEATH
County Howard. Registration District No. 878
Township Primary Registration District No. 4222
City Fayette. (No. , St. Ward)

File No.
Registered No. 88

45
2
4

2. FULL NAME Emma Francis Fillman.

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/Ist 1870

7. AGE Years 65 Months I Days # If LESS than 1 day, hrs. or min.

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) Missouri.
(STATE OR COUNTRY)

FATHER
13. NAME Sidney Estill.
14. BIRTHPLACE (CITY OR TOWN) Virginia,
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Nancy J. Crowley.
16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Robert Wilhoit.
(ADDRESS) Fayette. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 8/2nd 1935, 19

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Aug. 8, 1935 V. A. Bonham
Registrar.

1
2
1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/Ist 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1935, to 8-1, 1935
I last saw h. alive on 8-1, 1935. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	8-1-35

Other contributory causes of importance: Chronic Arteriosclerosis 1933

Name of operation None Date of
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) W. A. Bloom, M. D.
(Address) Fayette Mo