

OCT 2 2 1935

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

Do not use this space.

29169

1. PLACE OF DEATH

County Dunklin  
Township Cotton Hill  
City (No. ....) (Name .....)

Registration District No. 289  
Primary Registration District No. 5407

File No. ....  
Registered No. 35 Ward

2. FULL NAME Francis Edith Emnis

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
30 2 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Sept 13, 1935 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardwell Mo

13. NAME Rufus B. Baugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herdson Ark

15. MAIDEN NAME Corintha Purcell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardwell Mo

17. INFORMANT (ADDRESS) T. C. Emnis, Malden R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 9-18 1935

19. UNDERTAKER (ADDRESS) H. L. Craig, Malden Mo

20. FILED 9-18 1935 S. E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Sept 16, 1935, to Sept 17, 1935.

I last saw her alive on Sept 17, 1935. Death is said to have occurred on the date stated above, at 6 P m.

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

Acute Malarial Jaundice Date of onset 9/12/35

Other contributory causes of importance: MS

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) St. J. Rutledge, M. D.

(Address) Campbell, Mo

OCCUPATION  
MOTHER  
FATHER

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.

