

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

Do not use this space.

Nov 21 1935

32785

**1. PLACE OF DEATH**

County Jackson Registration District No. 100  
Township \_\_\_\_\_ Primary Registration District No. 100  
City Kansas City (No. 4146 Mercer) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3022  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Maria Jane Emmack

(a) Residence, No. 4146 Mercer St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Widowed</b> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Chas. H. Emmack</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 8, 1837</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>98</b>	<b>0</b>	<b>10</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home</b>			
	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) <b>Guernsey County, Ohio</b>				
FATHER	13. NAME <b>William Gooden</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Pennsylvania</b>			
MOTHER	15. MAIDEN NAME <b>Lydia Lent</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>New York</b>			
17. INFORMANT <b>Mrs. Sadie L. Brown</b> (ADDRESS) <b>4146 Mercer</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Moriah</b> DATE <b>Oct. 21, 1935</b>				
19. UNDERTAKER <b>Stites Funeral Home</b> (ADDRESS) <b>Kansas City, Kansas</b>				
20. FILED <b>10/18, 1935</b> <b>M. M. Crowe</b> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 18, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 6, 1935**, to **Oct 18, 1935**

I last saw her alive on **Oct 18, 1935**. Death is said to have occurred on the date stated above, at **12:35 p.m.**

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

**Cerebral Hemorrhage, Oct 5, 1935**  
**Atherosclerosis**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis **Examination of brain?**

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? **no**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **no**

Manner of injury \_\_\_\_\_  
Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify **no**  
(Signed) **Milton B. Caschelt**, M. D.  
(Address) **1207 Rialto Redg. X. P. Mo.**

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.

12 P 20

