

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

Do not use this space.

34862

1. PLACE OF DEATH

County Scott
Township
City Molley, Mo. (No. _____) St. _____ Ward _____

Registration District No. 819
Primary Registration District No. 4495

File No. _____
Registered No. _____

2. FULL NAME

W. A. Emerson (Vera Alpha Emerson)
(a) Residence, No. Molley, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Esther Emerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>4</u>	<u>27</u>	

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. Farmer
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) Ill.

FATHER
13. NAME Henry W. Daniel

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

MOTHER
15. MAIDEN NAME Almeta Jane

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

17. INFORMANT (ADDRESS) Harry Emerson, Molley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Molley, Mo. DATE Oct 20, 1935

19. UNDERTAKER (ADDRESS) John Albitzer, Moberly, Mo.

20. FILED 11-7, 1935 Amy L. Bonee 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 9/12, 1935, to 10/18, 1935. I last saw him alive on 10/18, 1935. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Hodgkin's Disease 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. A. Chase, M. D.
(Address) Oran, 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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