Dec 16 1935

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

Do not use this space.

35081

1. PLACE OF DEATH
County: Barton — Registration District No.: 40
Township: — Primary Registration District No.: 4024
City: Lamar (No. ..., ... St. ... Ward)

File No.:
Registered No.: 56

2. FULL NAME: Emma Louise McVey

(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: 60 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28-1855

7. AGE: Years 80 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Mt. Vernon, ~~Illin~~ Ohio

FATHER
13. NAME: George Hagny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Katherine Batzell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadephia Pa

17. INFORMANT (ADDRESS): J. W. Hagny, Lamar, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: Nov 25th 35

19. UNDERTAKER (ADDRESS): C. F. Konantz, Lamar, Missouri

20. FILED: Nov 25 1935 A. J. Mynatt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1935, to Nov 23, 1935
I last saw her alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 2 A.M. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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) C. E. Duckett, M. D.
(Address) Lamar 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.