

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.

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

Do not use this space.

1. PLACE OF DEATH

County *Newton*
Township *Franklin*
City *Stark City Mo.*

Registration District No. *608*
Primary Registration District No. *5807*

File No. *36831*
Registered No. *41*
St. _____ Ward _____

2. FULL NAME

Simon Clyde Embrey

(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 *M* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Ann Embrey*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 16-1887*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>47</i>	<i>3</i>	<i>2</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stark City Mo*

FATHER 13. NAME *H R Embrey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

MOTHER 15. MAIDEN NAME *Heilig*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

17. INFORMANT (ADDRESS) *Mrs Mary A. Embrey*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dice Cem* DATE *Nov 19 1935*

19. UNDERTAKER (ADDRESS) *Bradleys Funeral Home Fairview Mo*

20. FILED *Nov 26, 1935* *Ada Collings* Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Nov 1* 19*35* to *Nov 18* 1935
I last saw h. *in* alive on *Nov 18* 1935. Death is said to have occurred on the date stated above, at *2:50 AM*
The principal cause of death and related causes of importance were as follows:

Pulmonary T. B.

Date of onset

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) *S. H. P. [Signature]*, M. D.

(Address) *Fairview Mo*

