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.

APR 15 1936

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

Do not use this space.

9104

1. PLACE OF DEATH
County: Andrew
Township: Rochester
City: ..... (No. ..... St. ..... Ward)

Registration District No. 16
Primary Registration District No. 5020

File No. 1
Registered No. 12

2. FULL NAME: Martha Cecilia Emmert

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23-1850

7. AGE: Years 85 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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):

FATHER
13. NAME: Joseph Pershing —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Ruth Butler —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa —

17. INFORMANT (ADDRESS): Mrs. Rodney Brandt, Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bolckow DATE: 3-12, 1936

19. UNDERTAKER (ADDRESS): E. & E. Greif, Savannah Mo

20. FILED: March 11, 1936 Lora E. Frank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to March 10, 1936
I last saw her alive on March 10, 1936. Death is said to have occurred on the date stated above, at 9:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Total	

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) Dr. H. R. Wilson, M. D.
(Address) Rosendale Mo