

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

Do not use this space.

18692

1. PLACE OF DEATH
 County Bartlett Registration District No. 89
 Township Paplar Bleuff Primary Registration District No. 5131
 City Paplar Bleuff No. 32 St. Ward

2. FULL NAME Emalisse Saphronia Hutson
 (a) Residence, No. Paplar Bleuff mill village (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 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 Green Hutson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Cape Co MO

FATHER
 13. NAME Moses Cleff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Paul Hutson (ADDRESS) RFD #2 Paplar Bleuff
 18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE May 30 1936
 19. UNDERTAKER N.T. Phelys (ADDRESS) Paplar Bleuff Mo
 20. FILED 5/30/36 O. Clitzinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1931, to May 28 1936
 I last saw her alive on May 28 1936 Death is said to have occurred on the date stated above, at 7:25 pm
 The principal cause of death and related causes of importance were as follows:

Date of onset 5/25/36

Coronary Arteriosclerosis

Other contributory causes of importance:
Chronic Cardiac Nephritis

Name of operation None Date of
 What test confirmed diagnosis 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 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. Keet Harwell, M. D.
 (Address) Paplar Bleuff 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.

MAY 17 1936

W. J. Lee Howell.