

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.

20341

## 1. PLACE OF DEATH

County Phelps  
Township St. James  
City St. James (No. ....)

Registration District No. 678  
Primary Registration District No. 5904

File No. ....  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

Elma R. Emmons

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. A. Emmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-18-1869</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAY <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>4-1-36</u>	11. Total time (years) spent in this occupation <u>40 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barnett, Ill.</u>		
MOTHER	13. NAME <u>Edward Farrell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eng.</u>	
	15. MAIDEN NAME <u>Emily K. H.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>L. A. Emmons</u> (ADDRESS) <u>St. James Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mason's Cem</u> DATE <u>5-3</u> 19 <u>36</u>		
19. UNDERTAKER <u>W. H. L. Linder</u> (ADDRESS) <u>St. James Mo</u>		
20. FILED <u>573</u> 19 <u>36</u> <u>Mrs. D. D. How</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16<sup>th</sup> 1936, to May 1<sup>st</sup> 1936  
I last saw her alive on May 1, 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Ethemic Carcinoma  
metastases to the kidney & intestines  
W.D.  
Date of onset

Other contributory causes of importance:  
Aggravation in early child bearing period

Name of operation Prophylactic Date of 4/27/36  
What test confirmed diagnosis Ca. 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) E. J. ... M. D.  
(Address) St. James Mo

