

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

Do not use this space.

23396

Jun. 23 1936

1. PLACE OF DEATH

County Lafayette Registration District No. 465 File No. _____
Township _____ Primary Registration District No. 4278 Registered No. 511
City Waverly, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Emma Rose Fales,

(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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED -
WIDOWED
(OR) WIFE OF Vernon Fales

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13th, 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	22	11	19	

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) Blackburn,
(STATE OR COUNTRY) Missouri.

13. NAME John Henry Winters,

14. BIRTHPLACE (CITY OR TOWN) Alma,
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Hattie Mevius,

16. BIRTHPLACE (CITY OR TOWN) Alma,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Hattie Winters,
(ADDRESS) Alma, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alma Luth. Cem. DATE June 5, 1936

19. UNDERTAKER A. H. Bremer,
(ADDRESS) Alma, Mo.

20. FILED June 5, 1936 Elizabeth Corder,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1936.

22. I HEREBY CERTIFY, That I attended deceased from on June 2, 1936, 19____.

I last saw her alive June 2, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Demiplegia Date of onset _____

Other contributory causes of importance:
Hypertension

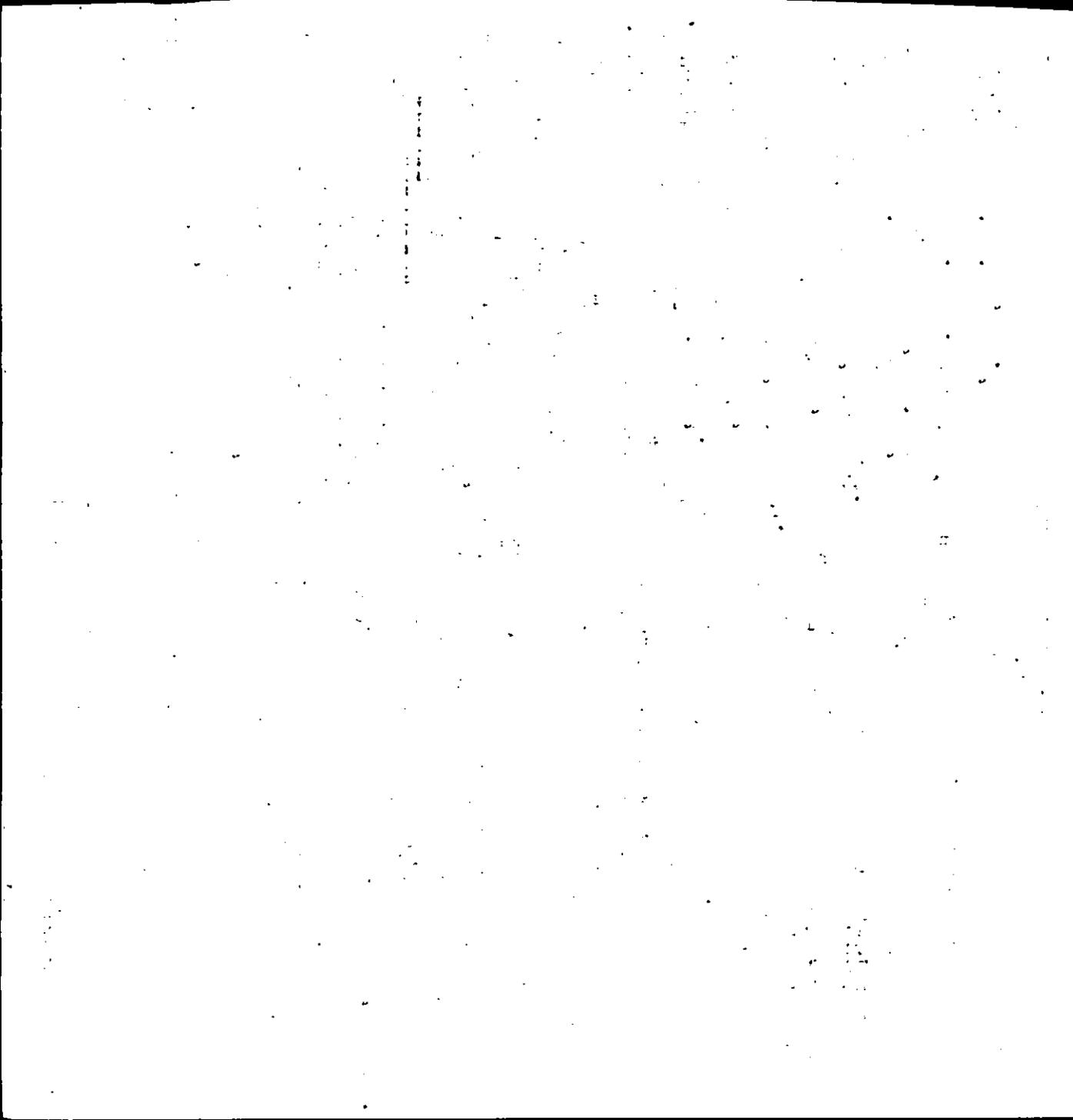
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Geo. F. Jones
(Address) Waverly, Mo



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1. PLACE OF DEATH

County Lafayette Registration District No. 465- File No. _____
 Township _____ Primary Registration District No. 4275- Registered No. _____
 City Waverly (No. _____) St. _____ Ward _____

2. FULL NAME

Essna Rose Fales
 (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 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) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 19

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED June 5, 1936 Elizabeth Corcoran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Semiplegia Date of onset _____

Cerebral thrombosis

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) Geo F Jones Jr., M. D.

(Address) Waverly Mo

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