

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

Do not use this space.

**AUG 17 1936**

25866

**1. PLACE OF DEATH**

County Cass Registration District No. 162  
Township West Peculiar Primary Registration District No. 5227  
City (No. ....) (No. ....) St. .... Ward)

**2. FULL NAME** Dora Jordan Emery

(a) Residence, No. .... St. .... Ward. 509 1/2 Walnut Kansas City Mo  
(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 HUSBAND OF (OR) WIFE OF Wm L Emery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
39 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker  
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) Burlington Kan

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Mattie Arnold

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

17. INFORMANT (ADDRESS) Mrs Mattie Post 116 North Mill

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 7/18 36

19. UNDERTAKER (ADDRESS) Mrs C L Horster 512 E 9th

20. FILED 7/14 1936 Horton V Pollock Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 to 1936

I last saw him alive on 7-14 1936 Death is said to have occurred on the date stated above, at 4:10 A.M.

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

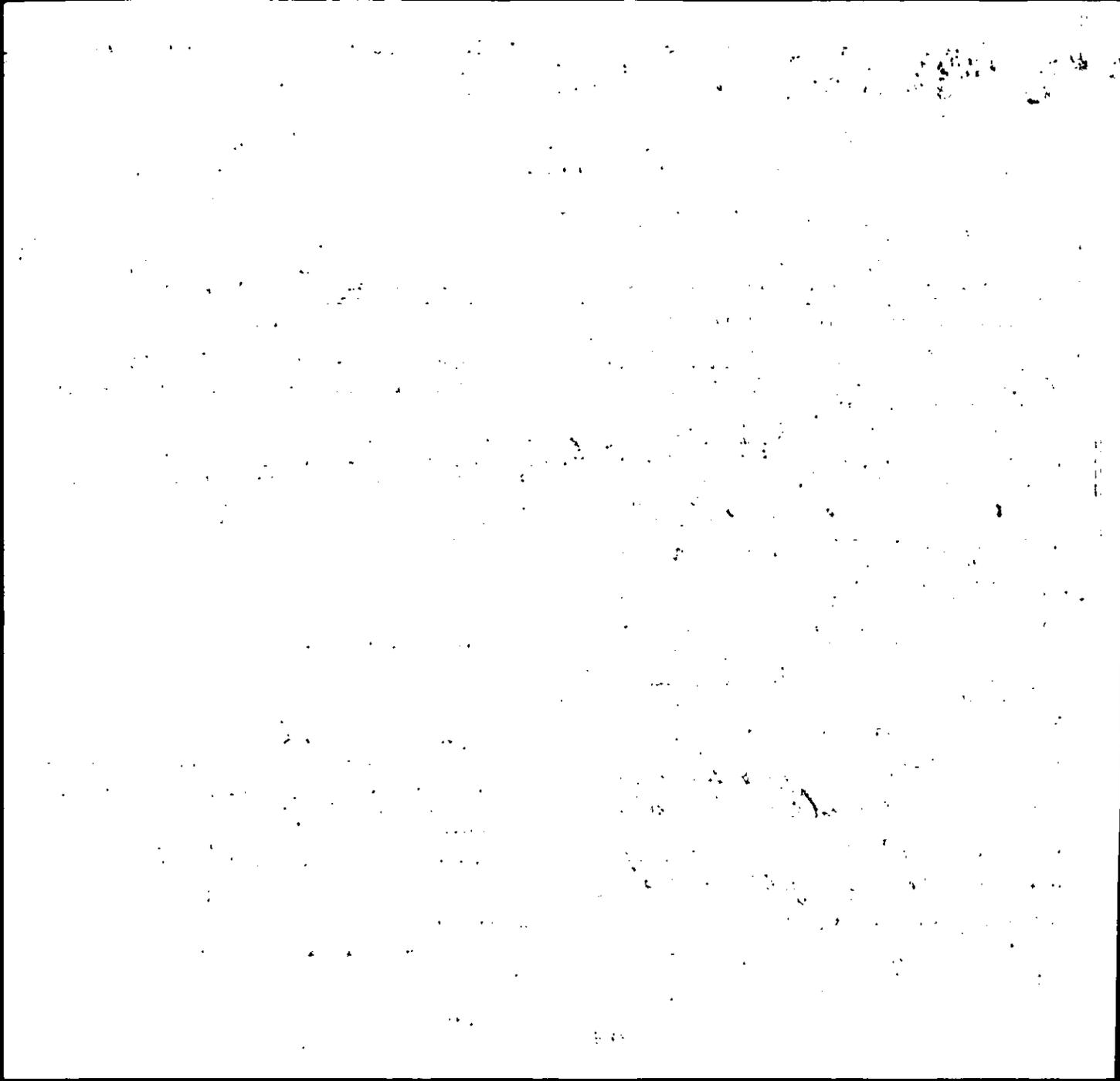
Accidental death  
Chest crushed & possible skull fracture  
Date of onset

Other contributory causes of importance:  
None  
Name of operation None Date of 7-14  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide: accident Date of injury 7/14 1936  
Where did injury occur? New Peculiar (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident  
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Coroner  
(Signed) E. Russell Munnerlyn  
(Address) Harrisonville Mo



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**1. PLACE OF DEATH**

County Cass Registration District No. 167 File No. \_\_\_\_\_  
 Township West Peculiar Primary Registration District No. 3227 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dora Jordan Emery  
 (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 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 mins.  
39 10 13

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 7/14 1936 Walter V. Roberts Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him 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:

accidental death  
Chest crushed and skull fracture

Riding in automobile  
 Other contributory causes of importance:  
Collision with another automobile.

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

23. If death was due to external cause (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 auto accident  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Ernest H. Williams  
 (Address) Harrisville, Mo.

DUPPLICATE

S-25866

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