

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

Do not use this space.

JAN 21 1937

1. PLACE OF DEATH

County *Marion* Registration District No. *548*
 Township _____ Primary Registration District No. *4323*
 City *Palmyra* (No. *East Olive St.* St. _____ Ward _____)

File No. *41910*
 Registered No. *46*

2. FULL NAME

(a) Residence, No. _____ St. *Ely, MO.* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 23 1862</i>		
7. AGE	YEARS <i>74</i>	MONTHS <i>3</i>
	DAYS <i>16</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Proprietor & Mgr of Ely Telephone Exchange</i>	
	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) <i>Nov. 9, 1936</i>	
	11. Total time (years) spent in this occupation <i>?</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Marshall Mich</i>		
FATHER	13. NAME <i>Silas B. Emery</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bellville Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Malissa Bivore</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>	
17. INFORMANT (ADDRESS) <i>Ray P. Schwartz Ely, MO.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Marion Co. Mo.</i> DATE <i>Nov. 9 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Ray P. Schwartz Marion Co. Mo.</i>		
20. FILED <i>Nov 10 1936</i> <i>Gertrude Lee</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 9 1936*

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *4:45 p.m.*
 The principal cause of death and related causes of importance were as follows:

Found dead in seat of his parked truck. Cause of death unknown. Had not been sick and other contributory causes of importance: none complained of any prior illness.

Name of operation _____ Date of _____
 What was 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? *Accidental* Date of injury _____, 19____

Where did injury occur? *Palmyra Marion Co. Mo.*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Found in car on street

Manner of injury *Found dead after long wait*
 Nature of injury *in front seat of his truck*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Carl E. Schwartz* M.D.
 (Address) *Hannibal, MO.*
Coroner, Marion Co. 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.

