

MAY 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Salem
City (No.) (No.) St. Ward)

Registration District No. 0 290
Primary Registration District No. 5408

File No. 48269
Registered No. 17

2. FULL NAME

(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.

Thomas Jr Emery

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 0 0 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9
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) and

FATHER 13. NAME William Thomas Emery

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

MOTHER 15. MAIDEN NAME Mary Agnes Thrasher

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

17. INFORMANT (ADDRESS) William T Emery

18. BURIAL, CREMATION, OR REMOVAL PLACE Serrath Can DATE May 2 1936

19. UNDERTAKER (ADDRESS) A. S. Meeks

20. FILED 5/19 1936 A. S. McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to 1, 1936. I last saw deceased live on May 1, 1936. Death is said to have occurred on the date stated above at Mo. The principal cause of death and related causes of importance were as follows:

mother had mumps and a fall 6 weeks ago
Baby dead and skin sluffing under hair
Other contributory causes of importance:

Date of onset

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) H. H. Pfeiffer M. D.
(Address) St. Louis 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.

