

MAR 16 1937

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

Do not use this space.

5180

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85 File No. _____
Township WASHINGTON Primary Registration District No. 1001 Registered No. 264
City ST. JOSEPH (No. ST. JOSEPH HOSPITAL) St. _____ Ward _____

2. FULL NAME MRS. FREDA FAY EMBREY

(a) Residence, No. 3600 NORTH 6TH ST. St. _____ Ward 1
(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 WIFE OF CLARENCE W. EMBREY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 13, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 8 14

OCCUPATION 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) FEB. 15, 1937 11. Total time (years) spent in this occupation UNK.

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) OHIO

FATHER 13. NAME FRED GRIFFIN

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

MOTHER 15. MAIDEN NAME EMMA KING

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

17. INFORMANT CLARENCE W. EMBREY
(ADDRESS) 3600 N. 6TH, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE MARCH 1, 1937

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 3/2 1937 RA [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to Feb. 27, 1937

I last saw h. ER. alive on Feb. 26, 1937 Death is said to have occurred on the date stated above, at 5:22 A. M.

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

Influenza

Date of onset 2/15/37

Other contributory causes of importance:

Otitis media, mastoiditis & septicemia 2/22/37
2/25/37
2/23/37

Name of operation Mastoidectomy, left Date of 2/24/37
What test 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? _____ 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? No
If so, specify _____

MO. (Signed) [Signature], M. D.
(Address) 206 Central Bldg.,

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.

