

APR 8 1937

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

Do not use this space.

9351

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Dean Primary Registration District No. 100
City Kansas City (No. 72 Gen 1 to 5)

File No.
Registered No. 1035
St. Ward

2. FULL NAME

Nettie Emerson
(a) Residence, No. 1437 Cedar Ave Ward Wm Washington 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page W. Mo

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Reverend Clark St. C. Episcopal Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Lawrence Cent 3-2-37

19. UNDERTAKER (ADDRESS) Quirk-Tobin 30 W. Howard 160 Mo

20. FILED 3/1 37 M. M. Terom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1937 to 2-28 1937

I last saw him alive on 2-28 1937 Death is said

to have occurred on the date stated above, at 6:25 a.m.

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

Bilateral Bronchopneumonia Date of onset 2/6

Other contributory causes of importance:

Chronic Cholecystitis and Cholelithiasis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) R. D. Murrin, M. D.

(Address) St. C. Gen 1 to 5

72 Gen 1 to 5

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.

