APR 8 1937

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

Do not use this space.

File No. 9481

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: 47-34W — Primary Registration District No. 1002

City: Kansas City (No. 2307, Lydia, St., Ward)

2. FULL NAME Matt Emery

(a) Residence, No. 2307 Lydia Ave., St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18, 1868

7. AGE: 68 YEARS — MONTHS: 6 — DAYS: 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Street Foreman

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): Tipton, Mo

FATHER

13. NAME: William Emery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton, Mo.

MOTHER

15. MAIDEN NAME: Elizabeth Rhinesmith

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

17. INFORMANT (ADDRESS): Carrie Emery, 2307 Lydia

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lincoln Cem. — DATE: March 9, 1937

19. UNDERTAKER (ADDRESS): Carr & Hoch Funeral Home, 1907 E. 18th St.

20. FILED: Mch 9, 1937 — M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Mch 5, 1937. I last saw him alive on Mch 5, 1937. Death is said to have occurred on the date stated above, at 5 38 (P.M.). The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulonephritis (3)	Nov. 1936

Other contributory causes of importance:

Arteriosclerosis	1936

Name of operation: Date of:

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:

(Signed) Allen L. Hearst M. D.

(Address) 1100 Prof. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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