

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2733 McGee) St. 9 Ward 1

File No. 9626
Registered No. 102102

2. FULL NAME Robt. Grant Emerson

(a) Residence, No. 2823 Charlotte St. 1 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 Male 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 Grace Emerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10th 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2733 McGee

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Burnham (STATE OR COUNTRY) Mo.

13. NAME John H. Emerson

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

15. MAIDEN NAME Mary J. Gossett

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

17. INFORMANT Grace Emerson (ADDRESS) 2823 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo. DATE Mar. 18th 1937

19. UNDERTAKER Eylar Funeral Home (ADDRESS) 1800 Linwood Blvd.

20. FILED Mar 18 1937 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16th. 19 37

22. I HEREBY CERTIFY that I attended deceased from Mar 16th 1937 to Mar 16th 1937, 19.....

I last saw him alive on Mar 16th 1937, 19..... Death is said to have occurred on the date stated above, at 9a. m.

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

Artery thrombosis Date of onset 94 B

Other contributory causes of importance:

Name of operation Autopsy Date of Mar 16th 1937
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Mar 16th 1937

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury related to occupation of deceased? No
If so, specify None

(Signed) J. H. Clark, M. D.
(Address) Belton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

1950

1951

1952

1953

1954

1955

1956

1957

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1962

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1964

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1966

1967

1968

1969

1970