

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318File No. 11967Township SpringfieldPrimary Registration District No. 2001Registered No. 0273City SpringfieldNo. 1Name Springfield Baptist Hospital

Ward

2. FULL NAME Wilma Jane Emyart(a) Residence, No. 2319 East ave. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 19375A. IF MARRIED, WIDOWED, OR DIVORCED:
HUSBAND OF
(OR) WIFE OF John B. Emyart22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1937, to 3-27, 1937I last saw h. alive on 3-27, 1937. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1911to have occurred on the date stated above, at 11:15 a.m.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

✓

25116

Date of onset

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Exsanguination from ruptured ectopic pregnancy 3/27/37

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Missouri13. NAME Wm Smith14. BIRTHPLACE (CITY OR TOWN) Polk Co
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Ada Jane Howard16. BIRTHPLACE (CITY OR TOWN) Polk Co
(STATE OR COUNTRY) Missouri17. INFORMANT Wm Smith
(ADDRESS) Wainwright, Spring Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Traylor, IllDATE 3/29193719. UNDERTAKER Reim Funeral Home
(ADDRESS) Walnut Street, Mo20. FILED Mar 29, 19371937

Chas A George

Registrator

Name of operation none

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

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) Robert Elyon

, M. D.

(Address) Springfield

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

