

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

Do not use this space.

APR 27 1937

13333

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Kentwood

Registration District No. 785
Primary Registration District No. 3037
(No. Old Falks Home)

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Emma Wood HEATH
(a) Residence, No. Old Falks Home St., _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Morrow Ohio

13. NAME William Wittemer

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Minnie Radclif Kentwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Feb 4 1937

19. UNDERTAKER (ADDRESS) Louis H. Bopp, Jr. Kentwood

20. FILED 2-3-1937 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Feb 2- 1937
I last saw her alive on Feb-1st, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Senile Psychosis
Arteriosclerosis
acidosydia
dechloridryna
anxiamyosis
Arteriosclerosis
Date of onset 1/14/37
1931

Other contributory causes of importance:
dechloridryna
anxiamyosis
Arteriosclerosis
1938
1933

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical + Laboratory Was there an autopsy? _____

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) H. H. Bradburn, M. D.
(Address) 19 E. Thebes

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.

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