

MAY 15 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. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2812 Paseo) St. _____ Ward _____

File No. 15396
Registered No. 1018

2. FULL NAME Mrs. Martha Ellen Emory

(a) Residence, No. 2812 Paseo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 1851</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>25</u>	<u>86</u>	<u>0</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Iowa</u>				
FATHER	13. NAME <u>John Malone</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
	15. MAIDEN NAME <u>Alinda White</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
MOTHER	17. INFORMANT <u>Helen Ward</u> (ADDRESS) <u>2812 Paseo</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Troy Kansas</u> DATE <u>April 25 1937</u>			
	19. UNDERTAKER <u>Freeman Mortuary & Chapel</u> (ADDRESS) <u>Kansas City Missouri</u>			
20. FILED <u>Apr 25 37m. m. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1937, to Apr 25, 1937.
I last saw her alive on Apr 23, 1937 Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:
Terminal pneumonia Date of onset _____
92a
Other contributory causes of importance:
Chronic Endocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 3

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) George F. Pease, M.D.
(Address) Seaside Hospital

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.

WHITE LABEL WITH IMPROVED MARKS IS A PERMANENT RECORD

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