

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Howard Registration District No. 378  
 Township Fayette Primary Registration District No. 2222  
 City Fayette (No. 2) St.          Ward         

2. FULL NAME Virginia Louise Emde

(a) Residence, No.          St.          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.

File No. 20198  
 Registered No. 81

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 2 6

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

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) Missouri

MOTHER 13. NAME Charles F. Emde

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

15. MAIDEN NAME Anna Birksman

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

17. INFORMANT Charles F. Emde (ADDRESS) Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL removed  
 PLACE Salem, Mo. DATE 5-27-1937

19. UNDERTAKER Gay T. Halley (ADDRESS) Fayette, Missouri

20. FILED June 5, 1937 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to May 25, 1937  
 I last saw her alive on May 25, 1937. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:  
Fractured skull (Pt. frontal, parietal, occipital along sagittal suture) Date of onset 5-25-37

Other contributory causes of importance: Intracranial hemorrhage 194 B 1 5-25-37

Name of operation none  
 What test confirmed diagnosis? X-ray spinal fluid Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 5-25, 1937  
 Where did injury occur? Fayette, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. front of girls dormitory  
 Manner of injury Struck by falling brick  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify           
 (Signed) Wm. J. Shaw, M. D.  
 (Address) Fayette, Mo.

