

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

Do not use this space.

1. PLACE OF DEATH  
**JUN 23 1937**

County **Monroe**  
Township **Greenburg**  
City **Greenburg** (No. ....)

Registration District No. **439**  
Primary Registration District No. **5596**

File No. **20476**  
Registered No. ....  
St. **4** (Ward)

2. FULL NAME **Emaline Symmonds**  
(a) Residence, No. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 23 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **Feb 12<sup>th</sup> 1937**, to **May 23 1937**  
I first saw him alive on **May 23 1937**. Death is said to have occurred on the date stated above, at **4:00 p.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 20-1858**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**79 2 3**

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

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

**Broken down heart  
compensation following  
Influenza in  
Feb. 1937.**

Date of onset

Other contributory causes of importance: **11/27**  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scottsburg Co. Mo.**

FATHER  
13. NAME **Geo. King Pettit**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

MOTHER  
15. MAIDEN NAME **Elizabeth Thompson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT (ADDRESS) **Nelson Symmonds  
Greenburg Mo**

18. BURIAL CREMATION, OR REMOVAL PLACE **Greenburg** DATE **May 25 1937**

19. UNDERTAKER (ADDRESS) **W. W. Campbell  
Missouri Mo**

20. FILED **June 10 1937** **Dr. P. M. West**  
Registrar.

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? **Yes**  
If so, specify .....  
(Signed) **E. E. Symmonds**, M. D.  
(Address) **Memphis Mo**

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.

