

JUL 27 1937

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

Do not use this space.

24

1. PLACE OF DEATH

County Cloy
Township Hearney
City Hearney (No. 1)

Registration District No. 200
Primary Registration District No. 5279B

File No. 23481
Registered No. 2
St. Mo. Ward 1

2. FULL NAME Emma A. Freeman

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 14 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Indiana

13. NAME John S. Straeter

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

15. MAIDEN NAME Anna E. Mullett

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

17. INFORMANT John Freeman (ADDRESS) Hearney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arley, Mo DATE 1/14/37

19. UNDERTAKER Leonard Fry (ADDRESS) Hearney Mo

20. FILED 1/15 1937 Phos. L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 12 - 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1937, to Jan 12, 1937
I last saw him alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza
Date of onset Jan 9 1937
Other contributory causes of importance: IB

Name of operation 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 , 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) Burton Matthey, M. D.
(Address) Liberty Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 22-36
MAY 1 1934

