

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.

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Joachim Primary Registration District No. 6375
City (No.) St. Ward

File No. 24038
Registered No. 54

2. FULL NAME

Gilbert E. Emerson

(a) Residence, No. St. Ward. (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 M. 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 14

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

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) St. Louis Mo

13. NAME Primus Emerson

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

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerly Mo

17. INFORMANT Hettie Emerson (ADDRESS) Deerly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Heber Cemetery DATE June 22 1937

19. UNDERTAKER Heiley & Co. Funeral Home (ADDRESS) St. Louis Mo

20. FILED 7/3 1937 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to June 20 1937

I last saw him alive on June 19 1937. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Typhoid Fever Date of onset 6/8-37

Other contributory causes of importance: 1

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam 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

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?

(Signed) O. Thomas M. D.

(Address) Bradport Mo

