CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1937

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

Do not use this space.

34666

1. PLACE OF DEATH
County Linn
Township ~~Clay~~ ~~Ramsey Creek~~
City ~~Meadville~~ (No. ..... St. ..... Ward)
Registration District No. 363
Primary Registration District No. 4306
File No. ~~[illegible]~~
Registered No. ~~[illegible]~~

2. FULL NAME Emma Alice Templeman
(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

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: Not married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1864
7. AGE: 909 — YEARS: 73 — MONTHS: 0 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY) Logan Co
PARENTS
10. NAME OF FATHER Richard H. Templeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Shoup
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
14. INFORMANT Goldie Templeman
(Address) Meadville Mo.
15. FILED 9-20, 1937 E F Weir REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1937
17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Sept 20, 1937 that I last saw her alive on Sept 20, 1937, and that death occurred, on the date stated above, at 9 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myasthenia ~~Gravis~~ (gravis)
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1868
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E F Weir, M. D.
Sept 20, 1937 (Address) Meadville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Pulaski, Illi
DATE OF BURIAL: 9-22, 1937
20. UNDERTAKER: W. G. Thorne Laclede, Mo
ADDRESS

1937 - 9 - 20
1864 - 9 - 8
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73 - 0 - 12