

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Cedar
City (No. _____) _____ St. _____ Ward _____

Registration District No. 109
Primary Registration District No. 375-8

File No. 40839
Registered No. 629

2. FULL NAME Sterling Price Emmonds

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Emmonds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/1/1862</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>6</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Robert Wesley Emmonds</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Jane Reynolds</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>George Emmonds</u> (ADDRESS) <u>Guthrie, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dryfork</u> DATE <u>11/19/1937</u>		
19. UNDERTAKER <u>Ray A. Holt</u> (ADDRESS) <u>New Bloomfield, Missouri</u>		
20. FILED <u>Nov 10 1937</u> <u>Callaway</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1937 to Nov 18 1937
I last saw h. r alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 3-45 A.M.
The principal cause of death and related causes of importance were as follows:
Ischaemic Heart Disease
Date of onset 2/1/1937

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Aut 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) Paul Hunt M. D.
(Address) New Bloomfield

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.

14

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