DEC 17 1937

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

Do not use this space.

41339

File No. 48.

Registered No.

1. PLACE OF DEATH

County Greene Registration District No. 321.

Township Clay Primary Registration District No. 5444.

City Springfield (No. Route # 3 St. Ward)

2. FULL NAME Emma Scholten

(a) Residence, No. Route # 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest H. Scholten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61.	0	0	

OCCUPATION

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

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

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) Farmington, Missouri.

FATHER

13. NAME Geo. Ed. Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

MOTHER

15. MAIDEN NAME Emma Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

17. INFORMANT (ADDRESS) Mr. Jennings.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood Cem DATE Dec. 4, 1937

19. UNDERTAKER (ADDRESS) H. H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Dec. 8, 1937 Mrs Pearl Hughes Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937, to Dec 2, 1937

I last saw h. alive on Dec 2, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

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

Thrombosis, Coronary — Date of onset Dec 2-37

94 B

Other contributory causes of importance:

Arterio-sclerosis.

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) Francis B. Camp, M. D.

(Address) Springfield.

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.