

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 519 South 6th St.)

File No. 44801  
Registered No. 1406

2. FULL NAME

Charles E. Emery

(a) Residence, No.

St.

Ward

Mt. Moriah Mo.

Length of residence in city or town where death occurred

yrs.

mos.

1

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

January 11, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

59

11

12

OCCUPATION

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

Farmer

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)

Harrison County Missouri

MOTHER FATHER

13. NAME

Josephus B. Emery

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

Unknown Illinois

15. MAIDEN NAME

Eliza Norwood

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

Mercer County Missouri

17. INFORMANT (ADDRESS)

Theodore Wright Mt. Moriah Mo.

18. BURIAL, CREMATION, OR REMOVAL

Lloyd Cemetery

PLACE Mt. Moriah Mo.

DATE Dec 26, 1937

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden & Son, 1802 Union St. St. Joseph Mo.

20. FILED

12/23 1937 J. J. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 23d, 1937, to Dec 23d, 1937, to

I last saw him alive on Dec 23, 1937. Death is said

to have occurred on the date stated above, at 1 P.M.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

none

Name of operation: Date of

What test confirmed diagnosis? History 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? no

If so, specify

(Signed) J. W. Tadlock, Coroner, M. D. (Address) King Hill Bldg

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.

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