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.

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

3
1

Do not use this space.

1. PLACE OF DEATH

69 County MONROE Registration District No. 582 File No. 3502

Township JACKSON Primary Registration District No. 5779 Registered No. 1

City ..... (No. County Infirmary St. ..... Ward)

2. FULL NAME Samuel Embree. 516

(a) Residence, No. Monroe County Infirmary St., ... Ward. Monroe City Mo.
(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: MALE
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mary E. Embree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 1858

7. AGE: YEARS 79 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) JAN. 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renick Mo.

FATHER

13. NAME George Embree

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

MOTHER

15. MAIDEN NAME Dont Know.

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

17. INFORMANT (ADDRESS) Rev. H.C. Pollard Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MACON Mo. DATE 1-5 1938

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo.

20. FILED 1-4 1938 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan 3, 1938

I last saw h[illegible] alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 7.55 A.m.

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

Myo-Carditis — Date of onset N.K.

131

Other contributory causes of importance: Chronic Nephritis N.K.

Name of operation ..... Date of .....

What test confirmed diagnosis? none 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) Geo. W. Rapphen, M. D.

514 (Address) [illegible]

RECEIVED
FEB 28 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH