

REC'D MAR 20 1938

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

7229
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 4280
(c) City Aurora (d) Street No. 117 E. Locust St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emmogene York

(a) Residence, No. 117 E. Locust St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>A.W. York</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4-1860</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Viksburg</u> (STATE OR COUNTRY) <u>Michigan</u>		
FATHER	13. NAME <u>D.P. Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Not Known</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mary Pasenger</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Not Known</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mr George E York</u> (ADDRESS) <u>Aurora MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Viksburg Mich.</u> DATE <u>Feb. 13</u> <u>1938</u>		
19. FUNERAL DIRECTOR <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo.</u>		
20. FILED <u>9-8</u> 19 <u>38</u> <u>J.P. Cowan, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938 to Feb 7 1938
I last saw her alive on Feb 7 1938. Death is said to have occurred on the date stated above, at 2.20A.M.
The principal cause of death and related causes of importance were as follows:
Influenza
Date of onset

Other contributory causes of importance:
Chronic Bronchitis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) W.H. Smith M. D.
(Address) Dr. N. Pleasant
Aurora Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3072 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)