

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1938 SEP 20 1938

1. PLACE OF DEATH

County Chariton
 Township Chariton
 City Chariton (No. _____) St. _____ Ward _____

Registration District No. 175
 Primary Registration District No. 5248

28614

File No. _____
 Registered No. 36

2. FULL NAME

Mary-Francis Emyart

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th 1927

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>11</u> | <u>3</u> | <u>21</u> | |

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

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) Chariton Mo

MOTHER 13. NAME Frank Emyart

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

15. MAIDEN NAME Bessie Vickrey

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

17. INFORMANT Frank Emyart (ADDRESS) Roanoke Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roanoke Mo DATE Sept 1st 1938

19. UNDERTAKER C. H. Oldaker (ADDRESS) Chariton Mo

20. FILED 9-1 1938 W. H. Hawkins Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1938 to Aug 30 1938
 I last saw her alive on Aug 30 1938 Death is said to have occurred on the date stated above, at 3 a.m.

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

Typhoid Fever Date of onset Aug 4

Other contributory causes of importance:
Myocarditis
Intestinal Hemorrhage

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) Dr. P. H. Deen M.D.
 (Address) Chariton Mo

Louis Cohen

Morris
Kachur

RECEIVED
District Health Officer No. 8,
District File Number
9/8/38
Case Filed