

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

Do not use this space.

1938 SEP 23 1938

29061

1. PLACE OF DEATH

County Howell

Registration District No. 385

Township

Primary Registration District No. 4228

City Willow Springs (No. _____)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Emma Leona Stuart 363

(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 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 62 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Olden Mo

MOTHER FATHER 13. NAME Geo. Mickleblack

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Mrs. E. H. Green City

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Grove Cemetery DATE Aug 10th 1938

19. UNDERTAKER (ADDRESS) Burns & Son Willow Springs Mo

20. FILED K-10 1938 Narlette Ferguson 385 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1937 to 8-8-1938

I last saw her alive on 8-8-1938 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Cirrhosis of liver Date of onset 6-3-37

Other contributory causes of importance: 24 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) E. C. Callahan M. D.

(Address) Willow Springs, Mo.

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