

REC'D OCT 26 1938

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

33209

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6015A Registered No. 119
(c) City Farmington (d) Street No. State Hospital No 4 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 Sena A. Emery

(a) Residence, No. Bloomfield, Mo. 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 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 Robert Emery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Ardeola 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Sam Jones 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Sept. 26 1938

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
(ADDRESS) Bloomfield, Mo.

20. FILED Sept 24 1938 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1933, to 9-23, 1938

I last saw him alive on 9-23, 1938. Death is said

to have occurred on the date stated above, at 10:00 P.M.

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

Arteriosclerosis, generalized & marked Date of onset ?
1861
18

Other contributory causes of importance:

Psychosis with Cerebral Arteriosclerosis 10-1-33
Intra-capsular Fracture of Right Femur 8-26-38
Intestinal Obstruction - partial to complete 9-20-38

Name of operation None Date of _____

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? Refused

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-26, 1938

Where did injury occur? Farmington, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On hospital cottage of State Hosp #4

Manner of injury Accidental Fall

Nature of injury Intra-capsular fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. C. Ault, M. D.

1099 (Address) Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Sept. 24,

1938

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, Mo

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.)

If this body is not embalmed, above space should be left blank.