

NOV 10 1938

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

Do not use this space.

35607

1. PLACE OF DEATH

County *Franklin* 2

Township *Salem* 1

City *562* (No. *2*)

Registration District No. *290*

Primary Registration District No. *5408*

File No.

Registered No. *45*

St.

Ward

2. FULL NAME *Ulysses Emerson*

(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

3. SEX *Male*

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 *Margaret Emerson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 9 - 1870*

7. AGE

YEARS *68*

MONTHS *7*

DAYS *25*

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) *Union County Ill*

13. NAME *John Emerson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Central*

15. MAIDEN NAME *Katherine Shroud*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*

17. INFORMANT (ADDRESS) *Richard Emerson*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Studale*

DATE *Oct. 6*

1938

19. UNDERTAKER (ADDRESS) *James W. Grogg and Co. Monett*

20. FILED *Oct 7*

1938

*P. S. Daniel*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 5* 1938

22. I HEREBY CERTIFY That I attended deceased from *Sept 25* 1938 to *Oct 5* 1938

I last saw him alive on *Oct 4* 1938. Death is said to have occurred on the date stated above, at *10 a.m.*

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

*Valvular heart disease*

Date of onset

Other contributory causes of importance:

*Chronic Bronchitis 20 yrs*

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) *Van H. Bond*

M. D.

263 (Address) *Hermersville Ma*

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.

THREE