

DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson 2
Township Snobar 1
City Blue Springs (No. St. Ward)

Registration District No. 395
Primary Registration District No. 4239 B

File No. 43291

Registered No.

2. FULL NAME

Emma Annette Parker

(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 <u>Fm</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Retired</u>
	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) Jackson Co Mo

13. NAME John Flanagan

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

15. MAIDEN NAME Cordelia McGuire

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

17. INFORMANT Wm Parker
(ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL I 2 30 1938
PLACE Blue Springs Mo DATE 19

19. UNDERTAKER R. B. Webb Blue Springs Mo
(ADDRESS)

20. FILED Jan 10 1939 J. W. Tuttle
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1938, to Dec 28 1938.
I last saw her alive on Dec 28 1938. Death is said to have occurred on the date stated above, at 6:00 A. m.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis
accompanied by the re-
sulting from influenza

Date of onset
5/21/38

Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) J. W. Tuttle M. D.

(Address) Blue Springs Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

DATE: [Illegible]
BY: [Illegible]

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a memorandum or report, but the specific details cannot be discerned.]

U.S. GOVERNMENT PRINTING OFFICE: 1964