

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

Do not use this space.

**1. PLACE OF DEATH**

County Montgomery  
Township Beauregard  
City Jonesburg (No. ....)

Registration District No. 5-89  
Primary Registration District No. 4347

File No. 7266  
Registered No. 7  
St. .... Ward)

**2. FULL NAME** Emma Julia Scholle

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
66 . 21

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

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) Warren county

13. NAME John Scholle

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

15. MAIDEN NAME Anna Hoelscher

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

17. INFORMANT (ADDRESS) Father Scholle Jonesburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Jonesburg Feb 14 1939

19. UNDERTAKER (ADDRESS) C. M. Turkman Jonesburg

20. FILED Feb 18 1939 Mary Lou Plumer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Feb 12 1939

I last saw her alive on Feb 7 1939 Death is said

to have occurred on the date stated above, at 2 P. m.

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

Influenza  
acute dilatation  
of ventricle of heart  
933

Date of onset  
1-28-39  
2-12-39

Other contributory cause of importance: Chronic myocarditis ?

Name of operation ..... Date of .....  
What test confirmed diagnosis Cholelith 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) James O. Helmer M. D.  
(Address) New Florence Mo.

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.

