

1939 MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 7594  
Township 1 Primary Registration District No. 30 34 Registered No. 27  
City Moberly, Mo (No. ....) St. .... Ward)

2. FULL NAME

Emma Healey  
(a) Residence, No. 533 Hagood St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 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 J. D. Healey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1974  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 1 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939, to 2-9, 1939  
I last saw her alive on 2-6, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:

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.....

Tuberculosis Pulmonary Date of onset do not know  
Other contributory causes of importance: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melgrove, Mo  
13. NAME Unknown C  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown C  
15. MAIDEN NAME Unknown C  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown I

Name of operation None Date of 7/6  
What test confirmed diagnosis? ..... 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 ?

17. INFORMANT J. D. Healey  
(ADDRESS) Moberly, Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sugar Creek DATE 2-11 39  
19. UNDERTAKER Lipton  
(ADDRESS) Moberly, Mo  
20. FILED Feb 13, 1939 Watts Registrar 9-2-39

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) W. Smith, M. D. Moberly, Mo.  
(Address) Moberly, Mo.

Errors or omissions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Smith

RECEIVED

District Health Office No. 10

District File Number 10-39-429

Date Filed MAR 10 1939