

JAN 15 1940

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

Do not use this space.

44844

1. PLACE OF DEATH

County *Bollinger*
Township *Advance*
City *560 Advance*

Registration District No. *834*
Primary Registration District No. *45-15*

File No. _____
Registered No. _____
St. *Wagner* Ward

2. FULL NAME

Sarah Elizabeth Emery

(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 *widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 15, 1857*
7. AGE YEARS *82* MONTHS *11* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) *Bollinger Co. Mo.*

13. NAME *Unkown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buff*

15. MAIDEN NAME *Suffia Mastie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger Co. Mo.*

17. INFORMANT *John Fears, son*
(ADDRESS) *Advance Mo.*

18. BURIAL, CREMATION OR REMOVAL
PLACE *Cat* DATE *Dec 17, 1939*

19. UNDERTAKER *Wathen Funeral*
(ADDRESS) *Advance Mo.*

20. FILED *12/26* 19*39* *Geo. Gale* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec-16-11 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 8*, 19*39*, to *Dec. 15*, 19*39*

I last saw her alive on *Dec. 15*, 19*39*. 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:

Malaria complicated with Broncho pneumonia

Other contributory causes of importance: *39*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* 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?

If so, specify _____
(Signed) *E. C. Masters*, M. D.

(Address) *Advance 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

U 20314

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44844
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 834
(b) Township Advance Primary Registration District No. 45-05 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred _____ mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Sarah Elizabeth Emery
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|------|--|
| | <u>82</u> | <u>11</u> | | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) Bollinger, Mo.

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Suffes Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger, Mo.

17. INFORMANT Joshy Emery a son
(ADDRESS) Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cato DATE Dec 17 39

19. FUNERAL DIRECTOR Walrus Funeral Home
(ADDRESS) Advance, Mo.

20. FILED 2/14 1940 D. S. McKee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 to Dec 15, 1939
I last saw her alive on Dec 15, 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:
maternal complications with Bronchitis pneumonia (Date of onset _____)

Other contributory causes of importance: _____

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? _____
If so, specify _____
(Signed) E. C. Masters, M. D.
(Address) Advance, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

