

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

34451

PLACE OF DEATH  
County Henry  
Township Bogard  
or  
Village  
or  
City

Registration District No. 347  
Primary Registration District No. 54859

File No. \_\_\_\_\_  
Registered No. 11

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John R Emery

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)  
DATE OF BIRTH Sep 17 1834  
(Month) (Day) (Year)  
AGE 76 yrs. + mos. 21 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

DATE OF DEATH October 8 1911  
(Month) (Day) (Year)

OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1834

I HEREBY CERTIFY, that I attended deceased from Sep 20 1911, to Oct 8 1911, that I last saw him alive on Oct 8 1911, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Bright Disease

BIRTHPLACE (City or town, State or foreign country) Indiana

(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PARENTS  
NAME OF FATHER Not Known  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not Known  
MAIDEN NAME OF MOTHER Not Known  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known

(Signed) DR Griffith M. D.  
Oct 8 1911 (Address) Crichton Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John James  
(ADDRESS) Crichton Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

Filed Oct 18 1911 C Allen REGISTRAR

PLACE OF BURIAL OR REMOVAL Page Cemetery DATE OF BURIAL Oct 9 1911  
UNDERTAKER R B Arnold ADDRESS Crichton 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.

