

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.

APR 30 1930

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

Do not use this space.

8524

1. PLACE OF DEATH

County Hauwee

Registration District No. 384

File No. 26

Township West Plains Mo

Primary Registration District No. 4227

Registered No. _____

City West Plains Mo

St. _____ Ward) _____

2. FULL NAME

Mary Ella Emily

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

W. R. Emily

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

Jan 21-1849

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Magn Maine, Miss

(STATE OR COUNTRY)

10. NAME OF FATHER

Adam Dunlap

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

N.Y.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Labelet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

N.Y.

(STATE OR COUNTRY)

14.

INFORMANT

W. R. Emily
West Plains Mo

(Address)

15.

FILED

3-13-30 O.P.A. Heinrich
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3/8-1930

17.

I HEREBY CERTIFY, That I attended deceased from February 23, 1930, to March 8, 1930, that I last saw him alive on March 8, 1930 and that death occurred, on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
82A
162 (duration) yrs. mos. da.

CONTRIBUTORY Edema of brain (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

at her home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) R. T. Sparks, M. D.

3-13-1930 (Address) West Plains Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Lawrence

3/10 1930

20. UNDERTAKER

ADDRESS

McFarland West Plains Mo

