

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

Do not use this space.

1155

**1. PLACE OF DEATH**

County Boyer Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. ....) St. .... Ward)

**2. FULL NAME**

Alexander 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 9 11

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Emery/See

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

17. INFORMANT (ADDRESS) Dolly W. Emery  
Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 1-28-33

19. UNDERTAKER (ADDRESS) St. Louis Funeral Home  
Clinton, Missouri

20. FILED 1/27 1933 Ed C. Peelor Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1933

22. I HEREBY CERTIFY That I attended deceased from June 1932 to Jan 26 1933  
 Last saw him alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 110 m.

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

Arteriosclerosis Date of onset  
Influenza - Pleurisy  
11A  
110B  
97  
 Other contributory causes of importance: 111B

23. Name of operation Aspiration Date of 1/4/33

What test confirmed diagnosis Pleurisy 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 .....

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) S. W. ... M. D.

(Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

