

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.

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

29447

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No.
Township Boyard Primary Registration District No. 5485 Registered No. 52
City (No.) St. Ward)

2. FULL NAME Frank Raymond Emick

(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27 1916</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>6</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>July 1933</u>	
		11. Total time (years) spent in this occupation <u>all life</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry County Mo</u>
	13. NAME <u>F. J. Emick</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Jessie Wells</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry County Mo</u>
	17. INFORMANT (ADDRESS) <u>Irene Emick, Urick, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Urick Sept 13 1933</u>
	19. UNDERTAKER (ADDRESS) <u>H. Smith, Urick Mo</u>
	20. FILED <u>9/15</u> 1933 <u>ED Peeler</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept 11, 1933
I last saw him alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Pyelo-Thrombo-
phlebitis with
multiple liver
abscess
Date of onset

Other contributory causes of importance:
Gangrene appendix

Name of operation Appendectomy Date of July 5 1933
What test confirmed diagnosis? Autopsy 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
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. H. Smith, M. D.
(Address) Uruck Mo

