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

Do not use this space.

9710

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2249

Township ..... Primary Registration District No. 1003 Registered No. 2249

City St. Louis, Mo. (No. Mo. Pacific Hospital St. ..... Ward)

2. FULL NAME Nelson Emery

(a) Residence. No. ..... St., 17 Ward. Piedmont, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	11	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER G. W. Emery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Piedmont, Mo.

12. MAIDEN NAME OF MOTHER Ida Tullis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

14. INFORMANT Mr. Chas Lewis
(Address) Piedmont, Mo.

15. FILED ..... 19 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1927, to Mar. 4, 1927 that I last saw him alive on March 4, 1927, and that death occurred, on the date stated above, at 3:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro-Spinal Meningitis (Pneumococcus)

79E

36 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Septicemia

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal Fluid

(Signed) Edward F. Vitt, M. D.

, 19 (Address) 1755 So Grand

*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
Piedmont, Mo.	3-7 1927

20. UNDERTAKER Pretz Bros. 3029 Lafayette ADDRESS

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.