JAN 17 1928

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

Do not use this space.

36165

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. ..... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 254

2. FULL NAME Mrs. Emma Gertrude Pasley

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF DIRTH (MONTH, DAY AND YEAR): June 7-1887

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	6	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Missouri

PARENTS
10. NAME OF FATHER: Solomon Kemp
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ..... (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Minnie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ver. (STATE OR COUNTRY):

14. INFORMANT: Jas. Pasley
(Address): Fulton Mo.

15. FILED: Dec 27, 1927 H. N. Crews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 25 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to Dec 25, 1927 that I last saw h. alive on Dec 24, 1927, and that death occurred, on the date stated above, at 6.50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(a) 1 29 a (duration) abt 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Chemical
(Signed) Martin Gates, M. D
12-27-1927 (Address) Fulton 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: Whetstone Cemetery — DATE OF BURIAL: Dec. 27, 1927

20. UNDERTAKER: Eli Bell — ADDRESS: Fulton, Mo.