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.

NOV 23 1931

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

Do not use this space.

33763

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 215
City Fulton (No. ..... St. ..... Ward)

2. FULL NAME Philetus Embree
(a) Residence. No. State Hosp #1, Fulton, Mo. Ward. Moberly, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 9 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	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	—	—	

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

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

PARENTS
10. NAME OF FATHER No Information
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Records of State Hosp #1
(Address) Fulton, Mo.

15. FILED Oct 5, 1931 R. N. Creus REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 28th, 1931, to October 5th, 1931, that I last saw him alive on October 4th, 1931, and that death occurred, on the date stated above, at 3:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97
162
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Senility and Senile Psychosis (Simple Deterioration) (duration) 1 yrs. 8 mos. 3 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? Clinical
(Signed) C. C. Ault, M. D.
Oct 5, 1931 (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	DATE OF BURIAL
Hillcrest Cemetery	Oct 5 1931
20. UNDERTAKER	ADDRESS
Leo G Wallace	Fulton