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.

APR 25 1932

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

Do not use this space.

11916

1. PLACE OF DEATH
20 County Cedar — Registration District No. 166 — File No.
3 Township R. Linn — Primary Registration District No. 4097 — Registered No. 48
3 City Stockton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Burr Hamilton Emerson

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 29 1875

7. AGE: YEARS 56 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Practicing Physician
(b) General nature of industry, business, or establishment in which employed (or employer): 213
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bolivar, Polk Co., Mo. 1

PARENTS
10. NAME OF FATHER: Burr John Emerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Benton Co., Mo.
12. MAIDEN NAME OF MOTHER: Sally V. Neale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

14. INFORMANT: Hazel Emerson
(Address) Kansas City Mo.

15. FILED April 1932 E. S. Smith, REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1932, to 8th of April, 1932, that I last saw him alive on Apr 8, 1932 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of skull from falling down stairs (accidental) 186 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 186 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. S. Smith, M. D.
Apr 9, 1932 (Address) Stockton 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: Bolivar, Missouri — DATE OF BURIAL: Apr. 10, 1932

20. UNDERTAKER: W. C. Davis & Co. — ADDRESS: Stockton