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

Do not use this space.

File No. 1265
Registered No. 26

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Mary Elizabeth Emerson
(a) Residence. No. 1821 Northern Blvd. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. Emerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
89	8	4	

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

9. BIRTHPLACE (CITY OR TOWN) Cuyahoga Co
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Jabez Norman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know
(STATE OR COUNTRY) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) " "

14. INFORMANT Mrs. Edith Fraser
(Address) 1821 Northern Blvd

15. FILED Jan 16 1933 Dra F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to Jan 15, 1933 that I last saw h. alive on Jan 15, 1933 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) 5 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? Paralysis of arm & leg
(Signed) O. N. Hall, M. D.
1-16, 1933 (Address) 1037½ Winner Road Independence 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 Mt Hope Cem Kansas City Kans — DATE OF BURIAL 1-17 1933

20. UNDERTAKER Geo F Porter & Sons — ADDRESS K C Kans.

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.

No. 2

Dr J M Hill
11.0.37 1/2 Winner Rd