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.

MAR 24 1934

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

Do not use this space.

File No. 4063

Registered No. 230

1. PLACE OF DEATH

County: Buchanan — Registration District No.:

Township: — Primary Registration District No.:

City: St Joseph (No. 1100 Mo. Meth. Hosp. St., Ward)

2. FULL NAME: Emma L. Eden

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: wht.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Willis Eden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1908

7. AGE: Years 25 — Months 9 — Days 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fillmore Mo

FATHER

13. NAME: J. N. Hite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know

MOTHER

15. MAIDEN NAME: Do Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know

17. INFORMANT (ADDRESS): Willis Eden St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ashland DATE: 2-28-1934

19. UNDERTAKER (ADDRESS): Stiegler & Stamey F.H. St Joseph Mo

20. FILED: FEB 26 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 25, 1934

I last saw h~~e~~ alive on Feb. 25, 1934. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia acute lobar	2-12-34
108	

Other contributory causes of importance: None

Name of operation: Date of:

What test confirmed diagnosis? Ex. Y Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg. St. Joseph Mo.