

NOV 21 1939

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

35625

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township 1 Primary Registration District No. 3007
(c) City Poplar Bluff (d) Street No. 626 N. Riverview Drive. Registered No. 248
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clay Emery

(a) Residence, No. 626 North Riverview Drive. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Ella Emery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
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) Billetts Illinois
13. NAME Tarlton Emery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Martha Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Esco Emery Poplar Bluff, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery Poplar Bluff, Mo. DATE Oct. 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.
20. FILED 10/14/39 Bluetinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1939, to Oct 12, 1939
I last saw him alive on Oct 9, 1939 Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Oct 9 -
180 W
Other contributory causes of importance:
Fall on Oct 9 - after which
symptoms of above developed
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?.....
If so, specify..... (Signed) Alfred P. Brown, M. D.
(Address) Poplar Bluff, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Scott A. Cotrell, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Scott A. Cotrell*

Licensed Embalmer No..... 3567

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.