

W. H. Westcoat

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

42961

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau / Registration District No. 125
 (b) Township..... Primary Registration District No. 3009 Registered No. 419
 (c) City Cape Girardeau or..... (d) Street No. Southeast Mo. Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Frank Emerson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/30/74

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 15

OCCUPATION 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. cotton ginner
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Reevesville /
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Henry Medaniel Emerson

14. BIRTHPLACE (CITY OR TOWN) Reevesville /
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Almeda Foster /

16. BIRTHPLACE (CITY OR TOWN) Reevesville /
 (STATE OR COUNTRY) Illinois

17. INFORMANT Joyce Emerson
 (ADDRESS) Morley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morley Mo. DATE 12/15/39 '19

19. FUNERAL DIRECTOR (NAME) Hunter Albritton
 (ADDRESS) Sikeston Mo.

20. FILED 12-15-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/39 '19

22. I HEREBY CERTIFY, That I attended deceased from 12/13 1939 to 12/14 1939

I last saw him alive on 12/14 1939. Death is said to have occurred on the date stated above, at 1:00a

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

Pneumonia (Labor)

Date of onset

12/10/39

Other contributory causes of importance:

Obstruction Bowel

Name of operation Abdominal exploration Date of 10/15/39
 What test confirmed diagnosis? apertion 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 12/14/39 '19

Where did injury occur? At home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident
 Nature of injury Obstruction Bowel

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

(Signed) W. H. Westcoat M. D.
 (Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township Cape Gir Primary Registration District No. 3009 Registered No. _____
(c) City Cape Gir (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. Henry Frank Emerson 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 15

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.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__.

I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia (lobar) Date of onset 10/6

Other contributory causes of importance:

obstruction bowels
adhesions lower chest

Name of operation abdominal exploration Date of operation _____

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) W. H. Westcott, M. D.

(Address) Cape Girardeau

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE, DATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

