

DFC 25 1928

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

Do not use this space.

32681

1. PLACE OF DEATH

County Barry
Township Mineral Springs
City (No.)

Registration District No. 29
Primary Registration District No. 5039

File No.
Registered No. 51
St. Ward)

2. FULL NAME

Mrs. May Harrell Emis

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
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 Female 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 Miss J. Emis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-6-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 24

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Thomas Harrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not know
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not know

14. INFORMANT Asner S. Hall
(Address) Cassville, Mo.

15. FILED Dec 1 1928 Mrs. H. R. Williams
REGISTRAR

R MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1928, to Oct. 29th 1928, and that I last saw h. or ... alive on Oct. 29th 1928, and that death occurred, on the date stated above, at Oct. 30th 12:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza 11 P
162

CONTRIBUTORY (SECONDARY) Old age
(duration) 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?
(Signed) D. B. Mitchell, M. D.
, 19 (Address) Cassville, 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 Emis Cemetery DATE OF BURIAL Oct. 30th 1928
ADDRESS

20. UNDERTAKER P. E. Horine Cassville, Mo.

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.

