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

Do not use this space.

16140

JUL 5

1. PLACE OF DEATH

County Buchanan — Registration District No. 80 — File No.

Township Agency — Primary Registration District No. 5117 — Registered No. 10

City (No. 1 Mile West of Garrettsburg, MO. St. Ward)

2. FULL NAME Amelia Modrell

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

Length of residence in city or town where death occurred 72 yrs. 7 mos. 13 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: John Wm Modrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 12. 1855.

7. AGE: Years 72 — Months 7 — Days 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household
(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): Buchanan County, Missouri.

PARENTS

10. NAME OF FATHER: Joseph Greensmith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown England
12. MAIDEN NAME OF MOTHER: Anna Woodhead
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown England

14. INFORMANT: John W. Modrell
(Address) 1 Mile West Of Garrettsburg, MO.

15. FILED 5/26, 1928 Etta S. Powell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 25. 1928.

17. I HEREBY CERTIFY That I attended deceased from April 24, 1928, to May 23, 1928 that I last saw her alive on April 24, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral apoplexy
8 A
97 / 4 a 1
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Arterio-sclerosis
(duration) Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John J. Byrne, M.D.
May 27, 1928 (Address) St. Joseph, 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: Ebenezeer Cemetery — DATE OF BURIAL: May. 27. 1928.

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: St. Joseph, 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.