21 1928

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

Do not use this space.

35189

1. PLACE OF DEATH
County Dent
Township Spring Creek
City (No. St. Ward)
Registration District No. 266
Primary Registration District No. 5-370
File No.
Registered No. 11

2. FULL NAME Amanda Dent
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis H. Dent
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22, 1847
7. AGE Years 80 Months 10 Days 2 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 3K 93C
(b) General nature of industry, business, or establishment in which employed (or employer) 173B
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo.
PARENTS
10. NAME OF FATHER Jesse Dickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
14. INFORMANT Marshall Dent
(Address) Salem Mo.
15. FILED 10/25, 1928. W. E. Rudd, Jr. Co. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Oct 24, 1928, that I last saw her alive on Oct 22, 1928, and that death occurred, on the date stated above, at 11:15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria
~~Chronic Myocarditis~~
Hemorrhage of bowels
(duration) X yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) Several years 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? None
(Signed) J. C. Welch, M. D.
, 19 (Address) Salem, 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 Dent Cemetary
DATE OF BURIAL 10/26 1928
20. UNDERTAKER C. K. Spencer
ADDRESS Salem 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD