

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

Do not use this space.

10647

1. PLACE OF DEATH

County Jackson
Township Haw
City K.C. mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 2450, Hardesty)

File No. 1153
Registered No. 1153
St. _____ Ward _____

2. FULL NAME

Mary Ann Amberr
(a) Residence, No. 2450 Hardesty 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Fe white

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

George Amberr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-19-1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
86 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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) England

10. NAME OF FATHER Thos. Schaffield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Massand

14. INFORMANT Mary E. Neale
(Address) 2450 Hardesty Ave

15. FILED 3/8 29 m. m. Chrome REGISTRAR
Ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to March 7, 1929, that I last saw her alive on Dec 1, 1928, and that death occurred, on the date stated above, at 8:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

(duration) _____ yrs. 3 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chr. interstitial Nephritis

(duration) _____ yrs. 3 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) John R. Lewis, M. D.

3-7, 1929 (Address) 3046 Indiana

*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

DATE OF BURIAL

Mr. Moriah

3-9-29

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster

K.C. mo.

WHITE PRINCE, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2-25-88

3548 Indiana.

Jan. 1873

of 1873.