JAN 25 1930

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

Do not use this space.

4085

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. 808 Renick St. Ward)
File No. —
Registered No. 152

2. FULL NAME Amanda Lewis
(a) Residence. No. 808 Renick 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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1870
7. AGE: 60 Years, Months: Mnk, Days: Mnk. If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper
(c) Name of employer: Housekeeper
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Md.

PARENTS
10. NAME OF FATHER: Jim Hutchinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Facts / No Facts
12. MAIDEN NAME OF MOTHER: Delia Waldron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Facts / No Facts

14. INFORMANT (Address): Mrs Myrtle Whitlock 1837 N. 25th.
15. FILED FEB 5 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 1st 1930
17. I HEREBY CERTIFY, That I attended deceased from 8 Jan 1930, to 1 Feb 1930 that I last saw her alive on 1 Feb 1930 and that death occurred, on the date stated above, at 7 P. m.
THE CAUSE OF DEATH WAS AS FOLLOWS: Cerebral Hemorrhage. Hemorrhagia
12A
82D (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo Thorne, M. D
5 Feb 1930 (Address) 1908 Merrimac

*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: Ashland Cemetery — DATE OF BURIAL: Feb. 5th 1930
20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9th & Olive

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.