

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township East
City K.C. MO (No. 2117 E 38th St)

Registration District No. 399
Primary Registration District No. 1024

File No. 2273
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Amanda Olive Hest
(a) Residence. No. 2117 E 38th St St. 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 30, 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of J.M. Hest

16. I HEREBY CERTIFY, That I attended deceased from May 29, 1930, to May 30, 1930, that I last saw h. or alive on May 29, 1930, and that death occurred, on the date stated above, at 7 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30 - 1858

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 2 0

physical exhaustion and secondary anemia
45B

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

71B (duration) yrs. mos. ds. 162
CONTRIBUTORY Carcinoma of stomach (SECONDARY) (duration) 3 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Fort Wayne Ind (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 4440 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Williams, Stoney

3. DISEASE PRECEDE DEATH? no DATE OF 1928
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS Histology & Examination
(Signed) Merrill L. Bills M.D.

12. MAIDEN NAME OF MOTHER Amanda Heiflin

(Address) 1111 Rialto Bldg. May 29 30

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

*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.

14. INFORMANT Mrs L. F. Meyer (Address) 2117 E 38th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL 5-31 1930

15. FILED 5/30 1930 M.M. Crowe asst. REGISTRAR

20. UNDERTAKER W.W. Newcomer ADDRESS City

K. 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

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