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

Do not use this space.

18497

File No. .....
Registered No. 10

1. PLACE OF DEATH
County: Andrew
Township: Rochester
City: Helena (No. ..... St. ..... Ward)
Registration District No. 16
Primary Registration District No. 5020

2. FULL NAME: Amanda Caroline Sandusky

(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. 9 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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm J. D. Sandusky

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 28-1843

7. AGE: Years 87 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Rochester
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Dan'l Hatcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mary Durel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ky.

14. INFORMANT: Amanda Hawkley
(Address): Helena Mo.

15. FILED: June 30, 1930 Mrs Bettie Boggess, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 29 1930

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to June 29, 1930, that I last saw h. alive on June 29, 1930, and that death occurred, on the date stated above, at 8:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
4618
93D (duration) Don't know yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cancer of Stomach (duration) 2 yrs. or more 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) S. L. Allen, M. D
June 30 1930 (Address) Cosby Mo.

*State the DISEASE CAUSING DEATH, or if 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: Rochester Cemetery
DATE OF BURIAL: July 1 1930

20. UNDERTAKER: H. Del Wilson
ADDRESS: Kansas City 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.