

NOV 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County *Craig*
Township *Keshkoning*
City *Keshkoning*

Registration District No. *631*
Primary Registration District No. *4381*

File No. *36940*
Registered No. *10*
St. _____ Ward)

2. FULL NAME

Harriet E. Amerman

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred *36* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. Q. Amerman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June - 22 - 1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 *4* *18*

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) *Lake Mills*
(STATE OR COUNTRY) *Wis*

10. NAME OF FATHER *Mark Kilbourne*

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

12. MAIDEN NAME OF MOTHER *Jennett Kilbourne*

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

14. INFORMANT *H. B. Amerman*
(Address) *Keshkoning Mo*

15. FILED *Nov 19 30 H. B. Amerman*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov - 10* 19 *30*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 1* 19 *30*, to *Oct 10* 19 *30*, and that I last saw her alive on *Nov 10* 19 *30*, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *H. B. Amerman*, M. D.

Nov 10 19 *30* (Address) *Thayer 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

Keshkoning - Mo DATE OF BURIAL *Nov - 11 - 1930*

20. UNDERTAKER

Lee Carr ADDRESS *Thayer Mo*

H. B. Amerman Keshkoning

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.

