

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

Do not use this space.

39899

PLACE OF DEATH

County Knox
Township Colony
City (No.) St. Ward)

Registration District No. 1056
Primary Registration District No. 3597

File No. 28
Registered No. 4

2. FULL NAME Maggie M. Ammons

(a) Residence. No. Rutledge mo 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Eddie Ammons

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar-25-1873

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>9</u>	<u>5</u>	

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)

(STATE OR COUNTRY) Knox Co. Mo.

10. NAME OF FATHER

Frank Studenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) St Louis Mo.

12. MAIDEN NAME OF MOTHER

Susana Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) West Virginia

14.

INFORMANT Eddie Ammons
(Address) Rutledge mo

15.

FILE 30 Orville Windsor
Jan 5 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1930, to Dec 30, 1930
that I last saw her alive on Dec 28, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Transverse Colon + End
466

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred M. Reynolds, M. D.

Jan 3, 1931 (Address) First City 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

Colony Cemetery

20. UNDERTAKER

John B. Baskett

DATE OF BURIAL

Jan 1 1931

ADDRESS

Horine, 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.

JAN 20 1931

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