MAR 24 1931

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

Do not use this space.

5052

File No. 8

Registered No.

1. PLACE OF DEATH
County: Dent
Township: Springcreek
City: (No. St. Ward)

Registration District No. 266
Primary Registration District No. 3-370

2. FULL NAME: Mrs Amanda Tournbaugh

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	11	21	

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) Crawford Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Joseph C Gibbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virgiania
12. MAIDEN NAME OF MOTHER Martha Ann Huitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ----
(STATE OR COUNTRY) Mo.

14. INFORMANT Esco Tournbaugh
(Address) Salem Mo.

15. FILED 2/7 1931 H. E. Rudd, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1930 to February 6 1931 that I last saw her alive on Dec 29 1930 and that death occurred, on the date stated above, at 4 a.m. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured Aortic Aneurism (Fracture)
96
97
167
(duration) 1 yrs. 9 mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis & Senile Degeneration (duration) 2 yrs. 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? Visual Physical
(Signed) Jas. H. McCarty M. D.
19 (Address) Salem 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: Union Cemetary
DATE OF BURIAL: Feb 8 1931

20. UNDERTAKER: Carl A. Spencer
ADDRESS: Salem 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.