

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

Do not use this space.

5640

1. PLACE OF DEATH

County Jackson Registration District No. 3-3
 Township Kear Primary Registration District No. 1-3-3
 City Kansas City (No. K.C. General) St. 13th Ward

File No. 731
 Registered No. 731

2. FULL NAME

Amelia Antwine
 (a) Residence. No. 310 W 17th St. 3 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 16 - 1884</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Housewife 235</u>		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Own Home</u>		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-13, 1931, to 2-14, 1931, that I last saw her alive on 2-14, 1931, and that death occurred, on the date stated above, at 1:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
10 1/2 (duration) yrs. mos. ds.
 CONTRIBUTORY Hypertensive Bronchial
 (SECONDARY) Pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) P. B. Williams M. D.
2-14, 1931 (Address Gen Hospital K C 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 Leads Maple Hill K C Mo DATE OF BURIAL 2-16 1931

20. UNDERTAKER John J. Sheehan ADDRESS K. B. Mo

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) 2

PARENTS

10. NAME OF FATHER Baltise LePac

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

12. MAIDEN NAME OF MOTHER Engeline Leuh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill (STATE OR COUNTRY) 31

14. INFORMANT Round Clerk (Address) K.C. General

15. FILED 7/16, 1931 M. M. Brown REGISTRAR

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.

Amelia Combs
Leeds

1850