

MAR 25 1931

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

Do not use this space.

6346

1. PLACE OF DEATH

County Miller
Township Saline
City (No.,,) St. Ward)

Registration District No. 561
Primary Registration District No. 5-73-5-

File No.
Registered No. 25
St. Ward)

2. FULL NAME Amanda A. Crum

(a) Residence. No. Olean, 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) Widowed

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

Widowed6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23rd, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) California,
(STATE OR COUNTRY) Missouri. 1

10. NAME OF FATHER John Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Emily Durham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY) 31

14. INFORMANT William Crum
(Address) Olean, Mo.

15. FILED 2-12 19 31 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10th, 1931 19 31

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930, to July 10 1931 that I last saw her alive on July 10 1931, and that death occurred, on the date stated above, at 10-40 Pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 310
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. D. Weiler M. D.
. 19 (Address) Olean 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 DATE OF BURIAL

Olean Cemetary Feb. 12th 1931
20. UNDERTAKER ADDRESS

G. N. Steffens Russellville, 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.

