

APR 26 1931

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

Do not use this space.

6474

1. PLACE OF DEATH
74 County Madison
Township Jefferson
City Jefferson Mo.

Registration District No. 620
Primary Registration District No. 4371

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Amelia Teson

(a) Residence No. _____ 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clyde
(STATE OR COUNTRY) Mo

10. NAME OF FATHER August Teson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Anna Marfas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Conception
(STATE OR COUNTRY) Mo

14. INFORMANT Charles Teson
(Address) Clyde Mo

15. FILED 27 1931 Michel Graham REGISTRAR
Mar 9-31 C.P. Fryer
m.e.c.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1931, to Feb 4 1931, that I last saw her alive on Feb 4 1931, and that death occurred, on the date stated above, at 12:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition 157 D
157 D
159
(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY Carp Palate Hairly bilateral
(SECONDARY) (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Exam, Physical
(Signed) C. J. Gardner M. D.
, 19 _____ (Address) Conception Jet 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 Conception Mo. DATE OF BURIAL 2-4-1931

20. UNDERTAKER Chas. Fryer ADDRESS Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

