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

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.

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

Do not use this space.

8372

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2845

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME AMANDA JOSEPH

(a) Residence. No. 1318 N. 9TH St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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)
F	C.	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF BEN. F JOSEPH

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-9-1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	31	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work (NONE GIVEN)
(b) General nature of industry, business, or establishment in which employed (or employer) — Hurk
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) ARKANSAS

PARENTS

10. NAME OF FATHER NELSON HARDEN

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

12. MAIDEN NAME OF MOTHER IDA NICKSON

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

14. INFORMANT A. GERTRUDE CREATH
(Address) City Hospital #2

15. FILED ..... 19 ..... Max C. Harden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-11-1931, to 2-23-1931 that I last saw her alive on 2-23-1931, and that death occurred, on the date stated above, at 6:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC MYOCARDITIS
131
930 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) CHRONIC NEPHRITIS
(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH UNKNOWN
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry E. Hampton, M. D.
2-21-1931 (Address) City Hospital #2

*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
Father Dickson Cemetery	3-7 193
20. UNDERTAKER	ADDRESS 2726
A. S. Bed and Co.	Sublett Ave