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

Do not use this space.

8849

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 277

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William Kennedy Amick,

(a) Residence. No. # 320 Robidoux Hotel St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 5, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Attorney At Law 261
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self,

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

PARENTS

10. NAME OF FATHER Abraham Amick,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Sarah Townsend,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Maryland, 2

14. INFORMANT Mrs. W. K. Amick
(Address) # 320 Robidoux Hotel.

15. FILED 1931 John K. Bender REGISTRAR

MAR 18 1931

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15. 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1931, to Mar 15, 1931 that I last saw him alive on Mar 15, 1931, and that death occurred, on the date stated above, at 4:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, acute Lobar

108 (duration) 10 yrs. 10 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchitis Chronic

(duration) 38 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Same

10 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab Phys. Findings

(Signed) E. M. Shores, M. D.

3/18. 1931 (Address) 317 Kirkpatrick Bldg St. Joseph, 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: St. Joseph Memorial Park Cemetery — DATE OF BURIAL: Mch. 18 1931

20. UNDERTAKER: Heaton-McGale & Bowman — ADDRESS: 319 S. 10 St.

Funeral Home

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.