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

Do not use this space.

File No. 9195

Registered No.

1. PLACE OF DEATH

County: Clay

Township: Fishing River

City: Excelsior Springs (No. ..., ... St. ... Ward)

Registration District No. 198

Primary Registration District No. 3011

2. FULL NAME: Ammi Cutter Teel

(a) Residence. No. 429 Concourse St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Amie M. Teel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 5-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired-Insurance + Real Estate
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Ammi C. Teel

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

12. MAIDEN NAME OF MOTHER: Caroline B. Allyn

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

14. INFORMANT: F. Gertrude Teel
(Address) Excelsior Springs, Mo.

15. FILED 3/12, 1931 Y. L. Craddon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 12 1931

17. I HEREBY CERTIFY, That I attended deceased from March, 1930, to March 12, 1931 that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 4:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

ASC

11 A

(duration) 2 yrs. — mos. — ds.

107 A

CONTRIBUTORY (SECONDARY): Pneumonia (duration) ... yrs. ... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathology

(Signed) N. J. James M. D.

3/12, 1931 (Address) Excelsior Springs, 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: Independence Neb

DATE OF BURIAL: March 15 1931

20. UNDERTAKER: Herbert Hope

ADDRESS: Excelsior Springs 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.