

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.

AUG 25 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24485

1. PLACE OF DEATH

County CassRegistration District No. 156Township Grand RiverPrimary Registration District No. 4090City Harrisonville (No. _____)

File No. _____

Registered No. 46

St. _____ Ward _____

2. FULL NAME Mattie Clempson Ament(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 13, 1888</u>		
7. AGE	YEARS	MONTHS
	<u>42</u>	<u>8</u>
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>An invalid all her life</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cass Co. Mo.</u>
13. NAME	<u>Med Ament</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cass Co. Mo.</u>
15. MAIDEN NAME	<u>Louisa Francis Naive</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cass Co. Mo.</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Troy Ament Harrisonville, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Burford Cemetery</u> DATE <u>Aug. 3, 1931</u>
19. UNDERTAKER (ADDRESS)	<u>Runnenburger Bros. & Co. Harrisonville, Mo.</u>
20. FILED	<u>7/31</u> <u>at A S Long</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 193122. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 31 1931I last saw her alive on July 29 1931 Death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

Tropic Soiter with
irritation of heart

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Scott M. D.(Address) Harrisonville Mo

