

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

Do not use this space.

27682

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township " Primary Registration District No. 3009
 City Cape Girardeau (No. 413 North Sprigg) St. _____ Ward)

2. FULL NAME

Amanda Jones
 (a) Residence, No. 413 North Sprigg St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred about 10 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>Colord.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1858 March 22</u>		
7. AGE	YEARS	MONTHS
<u>73</u>	<u>7</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</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) Darlington
 (STATE OR COUNTRY) Miss

13. NAME Daniel Smith

14. BIRTHPLACE (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (CITY OR TOWN) Darlington
 (STATE OR COUNTRY) Miss

17. INFORMANT Rossie & Arthur
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmont DATE Aug 3 1931

19. UNDERTAKER O. Young
 (ADDRESS) 4408 Kennedy Ave.
St. Louis

20. FILED 8/13 1931 W. E. Humphreys
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1931

I HEREBY CERTIFY, that I attended deceased from July 30 1931 to July 1st 1931
 I last saw him alive on July 1st 1931. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Gave slow colic or suspected gall bladder
126
1873
126

Name of operation none 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 _____, 1931

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. E. Humphreys, M. D.

(Address) Cape Girardeau Mo

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

SEP 22 1931

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.

