

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

Do not use this space.  
28388

1. PLACE OF DEATH

County Jackson  
Township Waver  
City W. C. Mo

Registration District No. 399  
Primary Registration District No. 2002  
(No. 2612 Myrtle)

File No. 3516  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2612 Myrtle St., W. Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil  
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) Mo

13. NAME Clarence Amey

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

15. MAIDEN NAME Proadean Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Charlie G. Bendrich  
2612 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Rayville Mo Aug 21 31

19. UNDERTAKER (ADDRESS) Rose Benderson  
1413 E. 15th

20. FILED 8-19-31 W. M. Crowe  
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1931  
I last saw h. alive on \_\_\_\_\_ 1931 Death is said

to have occurred on the date stated above, at 12:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Uremia  
1329  
1329  
1329  
Other contributory causes of importance: Paranechytom nephritis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis uric acid Was there an autopsy? Yes

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) Stanley M. Hall M. D.  
(Address) Deputy Coroner

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.

2612 Sample