

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

Do not use this space.

3520

1. PLACE OF DEATH

108 County.....
Township.....
City..... (No.....).....

Registration District No. 875
Primary Registration District No. 6162

File No.....
Registered No. 12
St..... Ward.....

2. FULL NAME

Amanda Stewart

(a) Residence. No. State Hospital #3 St. Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

-

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 2, 1859

7. AGE

YEARS 72

MONTHS 7

DAYS 17

If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

E. Hest Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Nancy Shokelord

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

14.

INFORMANT.....

State Hospital # 3

(Address)

Nevada, Mo.

15.

FILED 1-28, 1932

E. P. King

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1932

17. I HEREBY CERTIFY, That I attended deceased from December 31, 1931, to Jan. 20, 1932 that I last saw her alive on Jan. 20, 1932, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

107A

(duration) yrs. mos. ds. eight

CONTRIBUTORY (SECONDARY)

107A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ①

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) H. S. Sycetoff, M. D.

Jan. 20, 1932 (Address) State Hospital #3

*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

DATE OF BURIAL

Rich Hill Mo

Jan 22 1932

20. UNDERTAKER

ADDRESS

Ferry Funeral Home Nevada

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

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.

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FEB 25 1932

