

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

Do not use this space.

1. PLACE OF DEATH
 92 County St. Charles. Registration District No. 478760 File No. 9785
 Township Bevier Primary Registration District No. 5999 Registered No. 10
 City Madison (No. _____) St. _____ Ward _____

2. FULL NAME Henry W. Amptman
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 62 yrs. 1 mos. 2 ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>1</u>	<u>1</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Band leader
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bellevue
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Amptman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Sawyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Palia
 (STATE OR COUNTRY) Germany

14. INFORMANT Ernest Scholtz
 (Address) Wentzville, Mo

15. FILE 3/5 1932 McArdwell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1932

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to Mar 12, 1932 that I last saw him alive on Mar 12, 1932, and that death occurred, on the date stated above, at 1:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
due to
Influenza
 (duration) 6 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) 3 yrs. 3 mos. 3 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 Autopsy
 (Signed) L. W. Gosemeyer, M. D.
 , 19 (Address) Dr. Faubus 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 <u>Josephville Mo</u>	DATE OF BURIAL <u>March 15 1932</u>
20. UNDERTAKER <u>H. C. Pittman</u>	ADDRESS <u>Wentzville</u>

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.

APR 29 1932

