

WHITE PLAIN, 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 26 1932

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

Do not use this space.

12130

12130

1. PLACE OF DEATH

County Dunklin

Registration District No. 288

Township Kenett

Primary Registration District No. 472

City Kenett

St. _____

Ward _____

2. FULL NAME

(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

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

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)

Will Amrine

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

Aug-26 1854

7. AGE

YEARS

77

MONTHS

7

DAYS

9

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Stewart Co. Tenn

FATHER

13. NAME

Henry Allen

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

M.C. Stewart Co. Tenn

MOTHER

15. MAIDEN NAME

Matilda Tuttle

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

Stewart Co. Tenn

17. INFORMANT (ADDRESS)

Mrs. Marie Bragg
Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hayes

DATE 4/5

19. UNDERTAKER (ADDRESS)

Baldwin Undertaking Co.
Kennett, Mo.

20. FILED

4/5

19

1932
Wheeler Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

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

4/4

1932

22. I HEREBY CERTIFY, That I attended deceased from

3-27

1932

4-4

1932

I last saw him alive on

4/3

1932

to have occurred on the date stated above, at _____ m.

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

Date of onset

Branch Pneumonia

107A

97 107A

Other contributory causes of importance:

General Arterio Sclerosis

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

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)

Wheeler Davis

M. D.

(Address)

Kennett Mo

