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.

MAY 25 1932

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

Do not use this space.

13100

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 472

Township Vineyard — Primary Registration District No. 5636

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Amanda H Pantrell

(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 30 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: Jake Pantrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July - 8 1852

7. AGE: YEARS 79 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

FATHER

13. NAME: Ferrell - Prumley

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

MOTHER

15. MAIDEN NAME: Wantraven

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

17. INFORMANT (ADDRESS): Mrs C C Bentintende 730 S Jefferson

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Cave Springs Cem DATE: April - 19 - 32 Webb Cem

19. UNDERTAKER (ADDRESS): Sarcoxie Und Co — Sarcoxie Mo

20. FILED 5-7 1932 Thos H Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932 to Apr. 17, 1932

I last saw her alive on Apr. 15, 1932. Death is said to have occurred on the date stated above, at ..... m.

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

Pariser — Date of onset 1930

Other contributory causes of importance:

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 ....., 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) J. W. Boyd, M. D.

(Address) Sarcoxie Mo.