

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

Do not use this space.

31420

1. PLACE OF DEATH

10 County Boone
3 Township Boone
8 City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 217 St. Ward)

2. FULL NAME

James H. Amick

(a) Residence, No. 810 W. B. Way St. Ward.

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1843

7. AGE YEARS 88 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

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

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) W Virginia

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) E. M. Lindsey Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem Oct 17, 1932

19. UNDERTAKER (ADDRESS) W. W. White Columbia Mo.

20. FILED 10/17/1932 Allie Selby Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 16, 1932

I last saw him alive on Oct 13, 1932. Death is said

to have occurred on the date stated above, at 12:45 PM

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

Heart failure
arteriosclerosis

Date of onset

1863 40

1670

Other contributory causes of importance: Senility

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) H. C. ... M. D.

(Address) 24 S. East Columbia Mo

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.

NOV 21 1932

