

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

Do not use this space.

40777

70  
1. PLACE OF DEATH  
County Montgomery Registration District No. 593  
Township Donville Primary Registration District No. 4351  
City Near New-Florence Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amanda Jane Utter  
(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 17 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Henry Utter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 th 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
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) Keytsville Mo

FATHER 13. NAME Henry Utter

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

MOTHER 15. MAIDEN NAME Eliza Anderson

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

17. INFORMANT (ADDRESS) Clarence Logan New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellflower Mo. DATE 12/30/32

19. UNDERTAKER (ADDRESS) Ed Bush New Florence Missouri

20. FILED 1/10 1933 Jonas O. Helm MD Registrar

**MEDICAL CERTIFICATE OF DEATH**

3  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 th 1932  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932, to Dec. 29, 1932  
I last saw h. alive on Dec. 6, 1932 Death is said

to have occurred on the date stated above, at 3:00AM  
The principal cause of death and related causes of importance were as follows:

Valvular heart disease  
Myocardial infarction  
Hypertension  
Intermittent chorea  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

131  
9:10  
131  
Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

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) Bull Newfie, M. D.  
(Address) Montgomery City Mo.

A. 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

