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.

JUN 22 1933

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

Do not use this space.

5569

48

1. PLACE OF DEATH
County Jackson
Township Ft Osage Sni-Bar
City (near) Buckner (No. ..... St. ..... Ward)

Registration District No. 395
Primary Registration District No. 5351A

File No. .....
Registered No. .....

2. FULL NAME Mrs. Amanda Necessary
(a) Residence, No. Buckner Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow of

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.7.1861.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	3	19	

OCCUPATION
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. in her own home
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) Dade Co. Mo.

FATHER
13. NAME Samson Bigley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Margaret Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Miss Pearl Necessary Buckner Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Oakland Cem. DATE Febr.28/33 19

19. UNDERTAKER (ADDRESS) V.M.Reppert. Buckner Mo. V.M.Reppert

20. FILED 6/10 1933 F N Bartlett MD Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb.26.1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932 to Feb 26, 1933
I last saw her alive on Nov 6, 1932 Death is said to have occurred on the date stated above, at 4:00 AM.
The principal cause of death and related causes of importance were as follows:

Cardio-Vascular renal disease, with cardiac decompensation

Date of onset

131

Other contributory causes of importance:

95

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Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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? no
If so, specify none
(Signed) C S Allen, M. D.
(Address) Independence Mo