

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Buchanan Primary Registration District No. St. Joe 1001
 City Buchanan (No. 2102 No. 2nd St.) St. _____ Ward _____

File No. 8567
 Registered No. 287

2. FULL NAME

Amanda Waltrip
 (a) Residence, No. 2102 No. 2nd St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF W.H. Waltrip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 10

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) St. Joseph, Mich.

13. NAME Unknown

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

15. MAIDEN NAME Anna Shunkwiler

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

17. INFORMANT (ADDRESS) Mrs. W.A. Barber 2201 No. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 13, 1933

19. UNDERTAKER (ADDRESS) Walter Meierhofer 1302 Aaron St. St. Joseph, Mo.

20. FILED 3-13-1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1933, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to Mar 11, 1933

I last saw her alive on Mar 11, 1933. Death is said to have occurred on the date stated above, at 2.10 A.M.

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

Cerebral Haemorrhage Date of onset 3/8/33
High Blood Pressure 2-23-33

Other contributory causes of importance: High Blood Pressure

Name of operation none Date of _____
 What test confirmed diagnosis? P.B. 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 _____

(Signed) H.W. Kearby, M. D.
 (Address) Kirkpatrick Bldg, St. Joseph, 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.

APR 21 1933

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