

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

Do not use this space. 4

15601

1. PLACE OF DEATH
 2 County Jefferson Registration District No. 13
 Township Jefferson Primary Registration District No. 5017
 City St. Joseph Mo. (No. 5 Miles N.E. St. Joseph Mo.) St. _____ Ward _____

File No. _____
 Registered No. 206

2. FULL NAME Amanda Laderoute
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10, 1875</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>1</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)			
FATHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (CITY OR TOWN) <u>Buchanan County</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	13. NAME <u>Zoctque Laderoute</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Canada</u>			
	15. MAIDEN NAME <u>Josephine Pennigot</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>Alsac Loraine France</u> (STATE OR COUNTRY) <u>(France)</u>				
17. INFORMANT <u>Orie Laderoute</u> (ADDRESS) <u>R F D #5 St. Joseph Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Olivet Cemetery</u> PLACE <u>St. Joseph Mo.</u> DATE <u>May 24 1933</u>				
19. UNDERTAKER <u>H. C. Sidentaden</u> (ADDRESS) <u>1802 Union St. St. Joseph Mo.</u>				
20. FILED <u>May 23 1933</u> <u>W. J. Quinn</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 22, 1933
 I last saw her alive on May 18, 1933. Death is said to have occurred on the date stated above, at 2 P.m. May 22/33
 The principal cause of death and related causes of importance were as follows:
Angina pectoris Date of onset July 1/32
Death few minutes before my arrival
 Other contributory causes of importance:
Arterio sclerosis two years
94 W
 Name of operation _____ Date of _____
 What test confirmed diagnosis Physical examination Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury _____, 19____
 Where did injury occur? 0
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. P. Thompson, M. D.
 (Address) 825 Charles

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 20 1933

DEC 2 9 1949