

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

Do not use this space.

19272

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 53
St. Ward)

2. FULL NAME

(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 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 White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma S. Amich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) about 1926

11. Total time (years) spent in this life occupation life

12. BIRTHPLACE (CITY OR TOWN) Near New Franklin
(STATE OR COUNTRY) Howard Co. Mo.

13. NAME Mathew A. Amich

14. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Quinley

16. BIRTHPLACE (CITY OR TOWN) Near New Franklin
(STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT Mrs Emma Amich
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE June 23rd 1933

19. UNDERTAKER Schmitzley Warnhoff
(ADDRESS) Boonville Mo.

20. FILED 6/22 1933 J. A. Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1927, to June 22 1933

I last saw him alive on June 22 1933 Death is said to have occurred on the date stated above, at 12:50 a.m.

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

Special Paralysis Date of onset 1925
81

Other contributory causes of importance:

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
(Signed) M. S. McGinnis, M. D.
(Address) Boonville 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.

1933 22 1933

