

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.

AUG 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23866

17

1. PLACE OF DEATH

71 County Morgan
 Township Ward 1
 City Ward (No. 1)

Registration District No. 357
 Primary Registration District No. 3798

File No. 17
 Registered No. 597 St. Ward

2. FULL NAME

Amanda James
 (a) Residence, No. St. Ward. 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 FM 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF Mahlon J. James
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11-1859
 7. AGE YEARS 73 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

13. NAME Abraham Butcher

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

15. MAIDEN NAME Amanda J. Butcher

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Sam James
 (ADDRESS) Antropole Station K.C.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hall DATE July 30 1933

19. UNDERTAKER W. F. Kidwell
 (ADDRESS) versailles mo

20. FILED 8/10 1933 W. F. Kidwell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1933 to July 28 1933
 I last saw him alive on July 4 1933 Death is said

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

carcinoma of stomach Date of onset

Other contributory causes of importance:

Name of operation none Date of 4/6
 What test confirmed diagnosis? biopsy Was there an autopsy? yes

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) J. A. Newton M. D.
 (Address) versailles mo.

