

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

Do not use this space.

F B 27 1934

File No. 4 **1795**
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH
County Linn Registration District No. 496
Township _____ Primary Registration District No. 3025
City Brookfield (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Eliza Jane Ampslar
(a) Residence, No. 326 Hunt St. St. 3 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob F. Ampslar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27/1849

7. AGE YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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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) Dont Know N.Y.

13. NAME R. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know N.Y.

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know N.Y.

17. INFORMANT Rosa B. Brandall
(ADDRESS) Brookfield mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 1/13/34 19. _____

19. UNDERTAKER C. W. Wheel
(ADDRESS) Brookfield

20. FILED 1/13/34 19. _____
J. H. Duca
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Jan 12, 39
I last saw her alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 1930
930
Other contributory causes of importance: _____
Name of operation _____ 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) Paul Haler M. D.
(Address) Brookfield Mo

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.

20 20 20

OCCUPATION

MOTHER FATHER

58
1
7

1100