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 25 1934

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

Do not use this space.

File No. 9777

Registered No.

1. PLACE OF DEATH
County: MONROE
Township: JACKSON
City: (No. , St. Ward)
Registration District No. 582
Primary Registration District No. 5779

2. FULL NAME: AMANDA ELIZABETH BOARD.
(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: 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: ALBERT S. BOARD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 22, 1857

7. AGE: Years 77 | Months 2 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
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): SCOTLAND Co., Mo.

FATHER
13. NAME: JOHN W. SUTTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

MOTHER
15. MAIDEN NAME: FRANCES FOREE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

17. INFORMANT: O. F. BOARD
(ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: WALNUT GROVE DATE: MAR 30 1934, 19

19. UNDERTAKER: SPEED & BLAKEY
(ADDRESS) PARIS, Mo.

20. FILED: MAR 29 1934 H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAR 29 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1934, to Mar. 29, 1934
I last saw h. alive on , 19 Death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3/14/34

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None 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) Geo. M. Ragsdale M. D.
(Address) PARIS, Mo.