

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 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GentryRegistration District No. 309

Township

Primary Registration District No. 4185City Albany

(No. _____)

St. _____

Ward _____

2. FULL NAME

Ammanda Jane Stam

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas H. Stam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10 1843</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>2</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>W. Va.</u>
13. NAME <u>Ashford Perkins</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
15. MAIDEN NAME <u>Georgia Ann Lewis</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
17. INFORMANT (ADDRESS) <u>John Stam</u> <u>Darlington Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gible Cemetery</u> DATE <u>July 1</u> 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>A. J. Baird</u> <u>Albany Mo.</u>
20. FILED <u>July 25, 1934</u> <u>W. T. Martin</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934, to June 29 1934.
Last saw her alive on June 29 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Senility 97
atherosclerosis of
arteries 1934
Other contributory causes of importance:

Name of operation 97 Date of _____
What test confirmed diagnosis? _____ 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) James N. Barger, M. D.
(Address) Albany Mo.

