

OCT 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30052

1. PLACE OF DEATH

County Marion
 Township Jefferson
 City Jefferson (No. _____ St. _____ Ward _____)

Registration District No. 541Primary Registration District No. 5730

File No. _____

Registered No. _____

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Ammerman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1857
 7. AGE YEARS 83 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work
 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) Jackson Co Mo

13. NAME Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT S. G. Licklider (ADDRESS) Bellevue

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Cem DATE Aug 19 34

19. UNDERTAKER S. G. Licklider (ADDRESS) Bellevue

20. FILED OCT 10 1934 Mrs Geo Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934, to Aug 18, 1934

I last saw him alive on Aug 12, 1934 Death is said

to have occurred on the date stated above, at 4:00 m.

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

Diabetes Date of onset _____

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

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? _____

If so, specify _____

(Signed) E. A. Brunge, M. D.

(Address) Bellevue Mo

