WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Chariton — Registration District No. 169 — File No. 35498
Township Missouri — Primary Registration District No. 5249 — Registered No. 52
City ~~Ahalt~~ (No. ..... St. ..... Ward)

2. FULL NAME Amandia Miller Jordan
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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 Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF General Jordan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1900
7. AGE YEARS 34 MONTHS 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Rockford Missouri

FATHER
13. NAME Dan Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton Missouri

MOTHER
15. MAIDEN NAME Amandia Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton Missouri

17. INFORMANT (ADDRESS) Dan Miller Ahalt Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetry DATE Oct. 19, 1934
19. UNDERTAKER (ADDRESS) Glasgow, Mo. J. M. Harvey Glasgow, Mo.
20. FILED Oct 19, 1934 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Oct 15, 1934
I last saw her alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
TSA	

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 ....., 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? .....
If so, specify .....
(Signed) R. R. Price, M. D.
(Address) Triplett Mo

Hillen and Fremont,
Glasgow,
Mo.