

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 8 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36510

84

1. PLACE OF DEATH

County Lafayette
Township St. James
City St. James (No. 461)

Registration District No. 461
Primary Registration District No. 3824

File No. 84
Registered No. 84
St. St. James Ward 1

2. FULL NAME

(a) Residence, No. Frank Amer St. St. James Ward 1
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF W. A. Rider Rasser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1874

7. AGE YEARS 59 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

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) Lexington Mo (STATE OR COUNTRY)

13. NAME Frank Amer

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Anna Wicks

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Dr. Frank Amer (ADDRESS) St. James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. James Mo DATE Oct 15 1934

19. UNDERTAKER Dr. Frank Amer (ADDRESS) St. James Mo

20. FILED Oct 13 1934 St. James Mo Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Oct 12 1934

I last saw him alive on 11: P 19 1934 Death is said

to have occurred on the date stated above, at 11: P m.

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

Myocarditis decompensated

5: C

9: 30

Other contributory causes of importance:

Malnutrition & Dehydration

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) Dr. Frank Amer M. D.

(Address) St. James Mo

