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

JUN 3 1935

Do not use this space.

14059

1. PLACE OF DEATH
County St Charles Registration District No. 757
Township Primary Registration District No. 3036
City St Joseph Hospital (No.) St Charles St. Ward)
File No.
Registered No. 67

2. FULL NAME Mrs. Elizabeth Amptmann
(a) Residence, No. Dallas (Usual place of abode) St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Venable Amptmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28 - 1901
7. AGE: YEARS 33 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Dallas Mo.

FATHER
13. NAME: Sounders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Westhoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Mo.

17. INFORMANT (ADDRESS): Venable Amptmann Dallas Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dallas Mo. DATE 4/29 1935
19. UNDERTAKER (ADDRESS): Eakeill Dallas Mo
20. FILED 4/26 1935 Clarence G. Mueller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26 1935
22. I HEREBY CERTIFY, That I attended deceased from April 19 1935 to April 26 1935
I last saw her alive on April 26 1935. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	4/19/35

Other contributory causes of importance:

Septicemia & Generalized Peritonitis	1 week

Name of operation ——— Date of
What test confirmed diagnosis? Clinical & Laboratory 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) B. L. Neubrand, M. D.
(Address) St. Charles, Missouri

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.