

JUN 13 1935

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

Do not use this space.

17622

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City (No. Highway #99 + 77)

Registration District No. 7845
Primary Registration District No. 6030

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME Amanda C. Carrico

(a) Residence, No. Highway 99 + 77 St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Scott Carrico

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1863

7. AGE YEARS 82 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME George Barnes

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

15. MAIDEN NAME Margaret Blackburn

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

17. INFORMANT Clarence J. Carrico
(ADDRESS) 5266 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Free Free Cem. DATE May 27, 1935

19. UNDERTAKER A. Kron & Co
(ADDRESS) 2707 W. Grand Blvd

20. FILED May 25, 1935 W. A. Zetter
Prob. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935, to May 33, 1935
I last saw him _____ alive on May 23, 19____. 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:

angina pectoris Date of onset 5-23
Senility

Other contributory causes of importance: 94

Name of operation _____ Date of _____
What test confirmed diagnosis? cl 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? _____
If so, specify _____

(Signed) C. J. Carrico, M. D.

(Address) 5266 Delmar

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.

WHILE TRAINING WITH OUR ADJUTANT GENERAL THIS IS A PERMANENT RECORD

