

OCT 2 A 1935

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

Do not use this space.

31620

1. PLACE OF DEATH

County Texas Co.Registration District No. 862

File No.

Township SargentPrimary Registration District No. 6229

Registered No.

City

(No.)

St. Ward

2. FULL NAME Amy L. Means(a) Residence, No. Texas Co. Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

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 OFWife of Thomas B. Means6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.50117

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)

Ill. Ill.

FATHER

13. NAME

John Summers

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

unknown

MOTHER

15. MAIDEN NAME

Mary E. Webster

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

Penn.

17. INFORMANT (ADDRESS)

Thomas B. Means
Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freedom Cemetery DATE Sept 12, 1935

19. UNDERTAKER (ADDRESS)

none employed

20. FILED

19

J. C. Davis
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 19, 1935, to Sept 11, 1935I last saw h. alive on Sept 15, 1935. Death is saidto have occurred on the date stated above, at 1:20 a.m.

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

Acute
Chronic Tuberculosis
infective with
broad irregular
head

Date of onset

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

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?

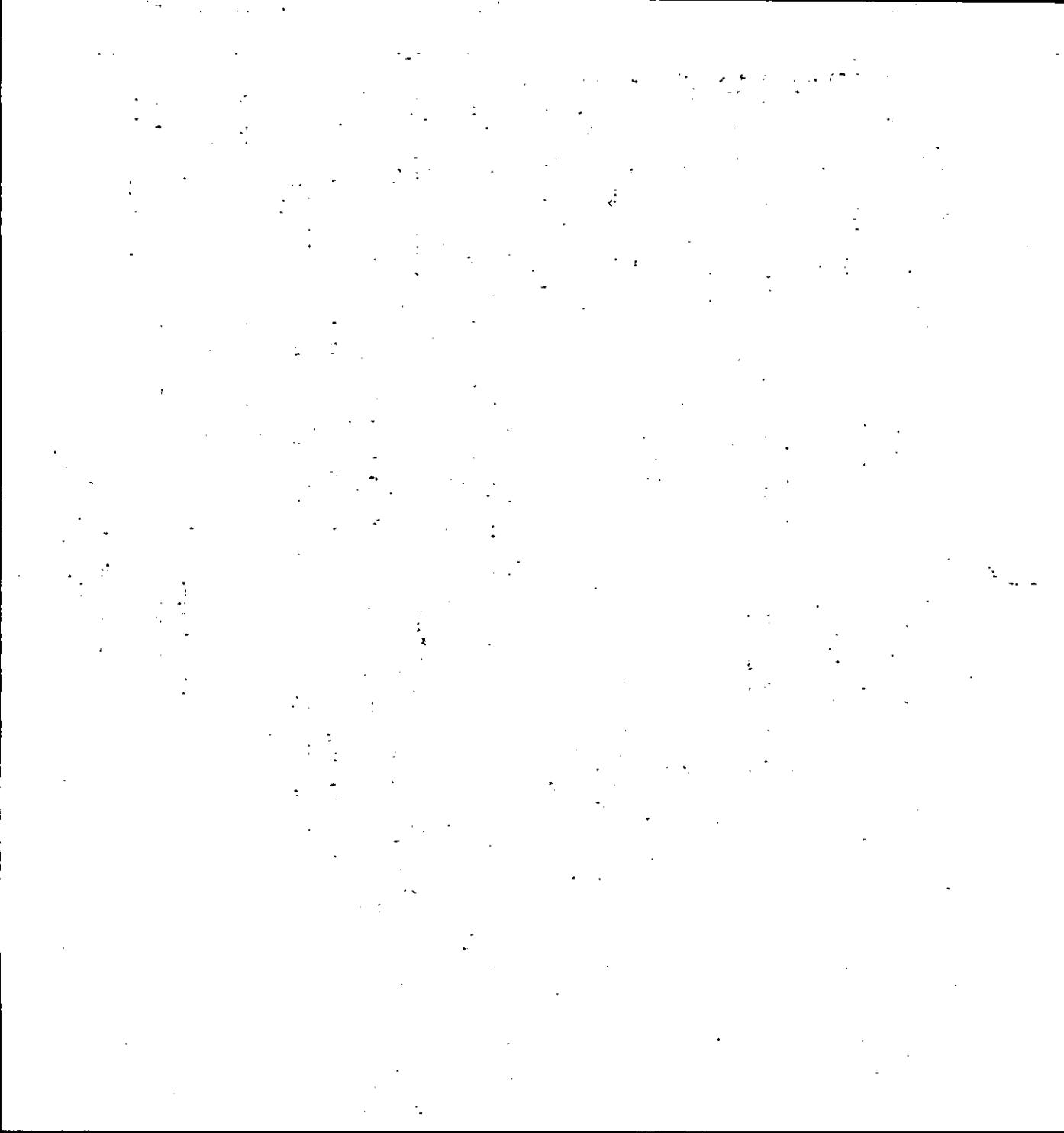
If so, specify

(Signed) J. H. Bault

, M. D.

(Address) Willow Springs Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION OBTAINED FROM THIS SUPPLEMENTARY FORM MUST BE WRITTEN IN INK

1. PLACE OF DEATH

County Texas Registration District No. 862 File No. _____
 Township Sargent Primary Registration District No. 6229 Registered No. 3
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Agnes E. Means
 (a) Residence, No. Texas Co. 720 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 wife of Thomas P. Means
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1885
 7. AGE YEARS 50 MONTHS 11 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as indicated by the bookkeeper Housewife
 9. Industry or business in which work was done, as silk mill, sawmill, 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) Ill Ill
 13. NAME John Sumner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Mary E. Webster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 17. INFORMANT Thomas P. Means (ADDRESS) Willow Spring mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Cemetery DATE Sept 12 1938
 19. UNDERTAKER None employed (ADDRESS) _____
 20. FILED Nov 9 1938 Mrs. Clois Cunningham Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1938 to Sept 1938
 I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Uremic
Chronic interstitial
nephritis with mitral
regurgitation of heart
 Date of onset _____
 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) J. N. Saville, M. D.
 (Address) Willow Spring mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-31620