

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 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31789

1. PLACE OF DEATH

County BarryRegistration District No. 30Township MonettPrimary Registration District No. 3003City Monett(No. 5th)St. Mo.Ward 41

2. FULL NAME

(a) Residence, No. 1509-5thSt. Mo.Ward 41

(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

3. SEX

M

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 OFMrs Mabel Amber

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

Jan 8, 1876

7. AGE

59

YEARS

9

MONTHS

9

DAYS

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.

Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ex. Secy. Co

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)

Urbana, Ill.

MOTHER FATHER

13. NAME

Joseph Amber

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

Urbana, Ill.

15. MAIDEN NAME

Margaret Sweeney

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

Urbana, Ill.

17. INFORMANT (ADDRESS)

Mrs Joe Amber
Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

U. O. F.

DATE

Oct 10, 1935

19. UNDERTAKER (ADDRESS)

Callaway
Monett, Mo.20. FILED 10-9-1935W. M. West

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

7-11-1935, to10-8-1935I last saw him alive on 10-8-, 1935. Death is saidto have occurred on the date stated above, at 12:35 am.

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

Myocardial disease
Chronic-mitral
insufficiency

Date of onset

Other contributory causes of importance:

Typhoid fever

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)

(Address)

M. D.

