

JAN 17 1938

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

Do not use this space.

40264

1. PLACE OF DEATH

County Mason

Registration District No. 347

File No. \_\_\_\_\_

Township Mason

Primary Registration District No. 3099

Registered No. 352

City Hannibal

(No. St. Elizabeth Hospital)

St. 6 Ward)

2. FULL NAME

Jessie Malinda Ames

(a) Residence, No. 1706 Patches St. 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Owen Oscar Ames

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1872

7. AGE YEARS 63 MONTHS 4 DAYS 16 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) New Salem Ill

13. NAME Don't know

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Owen Oscar Ames Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dec. 12 1935

19. UNDERTAKER (ADDRESS) W. J. Schwartz Hannibal Mo.

20. FILED Dec 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 - 1935

22. I HEREBY CERTIFY, that I attended deceased from Nov 25 to Dec 10, 1935

I last saw her alive on Dec 9, 1935 Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Auto accident - Fractured leg by multiple fractures Pelvis Date of onset 11/20/35

Other contributory causes of importance: Terminal Pneumonia 12/9/35

Name of operating physician W. J. Schwartz Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/23 1935

Where did injury occur? Hannibal Mo.

Specify whether injury occurred in industry, in home, or in public place. Public thoroughfare

Manner of injury See above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. G. Sultman, M. D.

(Address) Hannibal Mo.

MAR 25 1962

UNITED STATES DEPARTMENT OF THE ARMY  
HEADQUARTERS, ARMY AIRCRAFT DIVISION  
WASHINGTON, D. C. 20315

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

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

ALL INFORMATION OBTAINED  
FOR MUST BE WRITTEN ON  
THIS ~~FORM~~ <sup>BY NOTARIAL PUBLIC</sup> ~~FORM~~ <sup>BY NOTARIAL PUBLIC</sup>.

**1. PLACE OF DEATH**

County Marion Registration District No. 347 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 29 Registered No. \_\_\_\_\_  
City Hannibal (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>12</u>	<u>4</u>
		<u>16</u>
		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
		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)**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

**19. UNDERTAKER (ADDRESS)**

**20. FILED** 2-13-36 Wm. Lucke Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Auto accident  
leg and multiple fracture  
pedestrian

Other contributory causes of importance:

Pedestrian

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. E. Sultzman, M. D.

(Address) Hannibal mo

**SUPPLEMENTAL**

S-40264