

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.

Eichinger

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

Do not use this space.

FEB 23 1936

4295

1. PLACE OF DEATH

County Johnson Registration District No. 875
Township Washington Primary Registration District No. 6162
City..... (No....., Ward.....)

File No.....
Registered No. 174 St..... Ward.....

2. FULL NAME

Chas. Amuck
(a) Residence, No. State Hospital #5 St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 24, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>8</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>baker</u>	
	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) <u>Ohio</u>		
MOTHER	13. NAME <u>Ira Amuck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Sherman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. M. Amuck</u> (ADDRESS) <u>1000 W. 1st St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabot, Mo.</u> DATE <u>Jan 21, 1936</u>		
19. UNDERTAKER <u>Eichinger Funeral Home</u> (ADDRESS) <u>Nevada, Mo.</u>		
20. FILED <u>Jan 21, 1936</u> <u>M. Eichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1936 to Jan 21, 1936
I last saw him alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Lobar pneumonia
Date of onset 1/2/36

Other contributory causes of importance:
None

Name of operation None Date of.....
What test confirmed diagnosis? Clinical 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) J. H. C. Bell, M. D.
(Address) Nevada, Mo.

