

MAR 18 1936

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

Do not use this space.

10008

1. PLACE OF DEATH

County DouglasRegistration District No. 1061Township WellerPrimary Registration District No. 5385City Weller(No. 1)File No. 10008Registered No. 10008St. Mo. Ward 1

2. FULL NAME

Amanda M. Cline(s) Residence, No. 1061St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF
(OR) WIFE OFChristian Cline

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

Aug 9 - 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.876268. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)May 17, 193011. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia

13. NAME

Hoff14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Not known

15. MAIDEN NAME

Not known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

John Cline

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Peace Hall

19. UNDERTAKER

(ADDRESS)

F.A. Steffen

20. FILED

Mar 11, 1936A.S. McKittrick

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Mar 10, 1935, to Mar 5, 1936I last saw her alive on Mar 3, 1936. Death is saidto have occurred on the date stated above, at 11 P.M.

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

Heart attack

Date of onset

Other contributory causes of importance:

old age and
natural infirmity

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)

(Address)

J. J. Furson, M. D.
Waverly

