

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

Do not use this space.

AUG 17 1936

25846

1. PLACE OF DEATH

County Carter
Township Johnson
City Ellisville (No. 5368)

Registration District No. 145

Primary Registration District No. 5368

File No. 25846

Registered No. 25846

2. FULL NAME

(a) Residence, No. Ellisville St. 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

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) July 23, 1936 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Carter County (STATE OR COUNTRY) Missouri

13. NAME Noah C. Ambuchon

14. BIRTHPLACE (CITY OR TOWN) Butler County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Melvin Ambuchon

16. BIRTHPLACE (CITY OR TOWN) Butler County (STATE OR COUNTRY) Missouri

17. INFORMANT Noah C. Ambuchon (ADDRESS) Ellisville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chapel DATE July 30, 1936

19. UNDERTAKER Mrs. H. L. O'Neil (Acting) (ADDRESS) Ellisville Mo.

20. FILED July 31, 1936 Alexander Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to July 23, 1936
I last saw him alive on Thursday, July 23, 1936 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

premature Birth
Inanition
Indigestion

Other contributory causes of importance: ✓

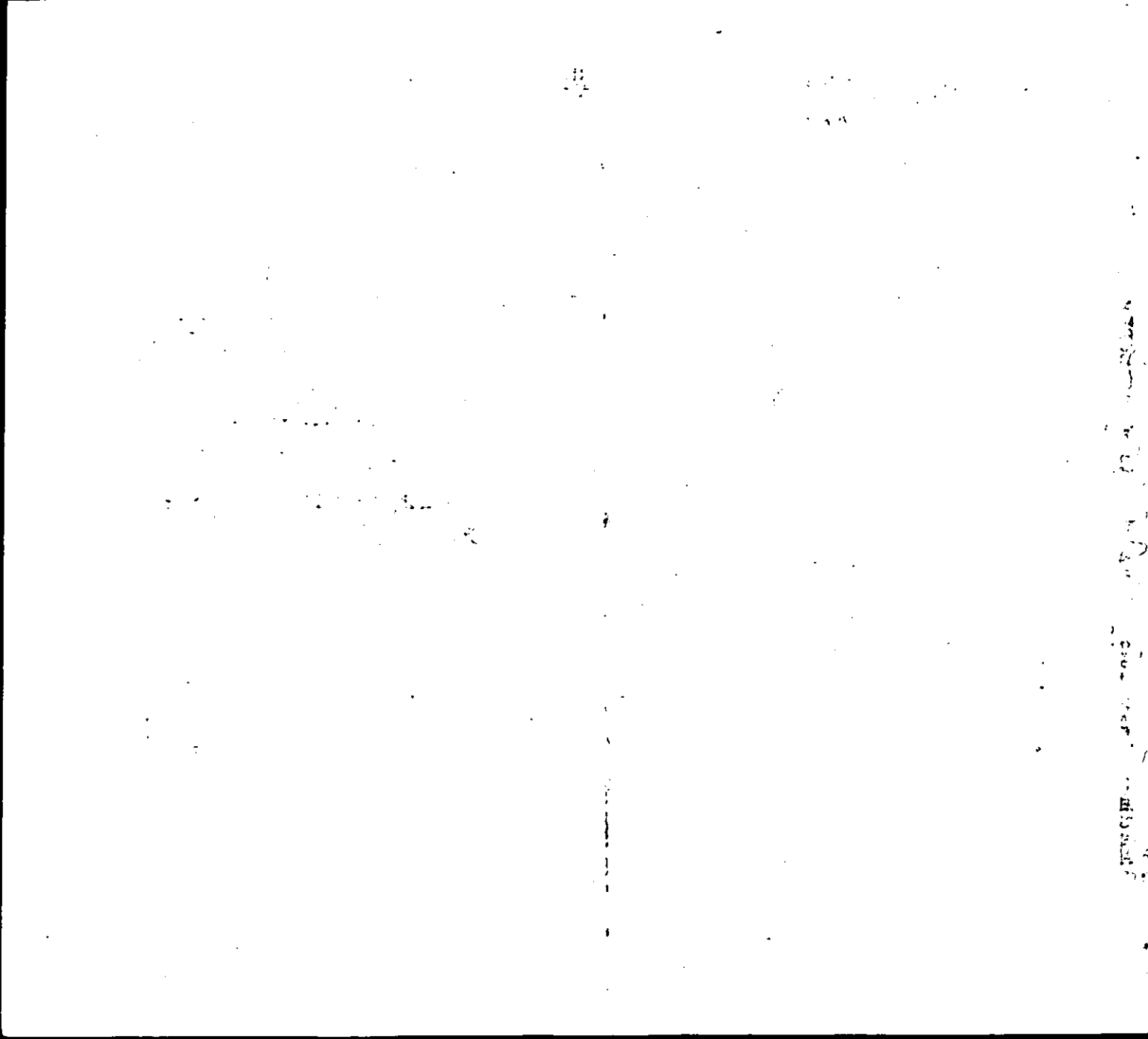
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
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) Dr. John W. Miller
(Address) Ellisville, Missouri

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.



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1. PLACE OF DEATH

County Carter
Township Johnson
City _____ (No. _____)

Registration District No. 145-
Primary Registration District No. 3208

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ellis Peter Ambuchon

(a) Residence, No. _____ St. _____ 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins. 16

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 7/31 1936 Alexander Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. Last seen _____, 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:

Transition was due to prematurity. Indigestion was caused by cold-water.

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) John Neher, M. D.

(Address) Hunter

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