

AUG 20 1936

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

Do not use this space.

26388

1. PLACE OF DEATH

County Howard
Township Boonville
City Boonville

Registration District No. 377
Primary Registration District No. 4241

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Molloy Susan Amick

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Amick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 50

12. BIRTHPLACE (CITY OR TOWN) Lisbon (STATE OR COUNTRY) Missouri

13. NAME Harden Duren

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

15. MAIDEN NAME Martha Ann Rosehill

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

17. INFORMANT Vallie Duren (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosehill Cemetery DATE July 19, 1936

19. UNDERTAKER G. A. B. H. Duren (ADDRESS) Boonville, Mo.

20. FILED 7-17 1936 W. A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1936, to 7-15 1936
I last saw her alive on 7-10 1936 Death is said to have occurred on the date stated above, at 3:00 pm.

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

Carcinoma of liver Date of onset ?

Other contributory causes of importance: 46

Name of operation 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. A. Duren, M. D.
(Address) Boonville, Mo.

