

**OCT 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33715 2

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. 1605 Francis) St. Ward)

File No.
 Registered No. 1184

2. FULL NAME Amalia Judiath Lorenz
 (a) Residence, No. 1605 Francis St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 76 yrs. - mos. - ds. How long in U. S., if of foreign birth? 76 yrs. - mos. - ds. (If nonresident, give city or town and State)

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 Franz Lorenz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1849.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 23

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
 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) Neuendorf Switzerland

13. NAME Casper Von Arx
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

17. INFORMANT Mary Lorenz
 (ADDRESS) 1605 Francis Str. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL St. Olivet Cemetery
St. Joseph, MO PLACE DATE Sept. 19, 1936

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 9-18 1936 A. J. Nesbitt
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Sept 17, 1936.
 I last saw h. or alive on Sept 17, 1936. Death is said to have occurred on the date stated above, at 3:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Shock ~~supposed~~ Traumatic
falling full down stairs
with hand & back injury
 Date of onset 9-15-36

Other contributory causes of importance:
Drunk

Name of operation None Date of
 What test confirmed diagnosis? None 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 Sept 15, 1936
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

I in home
 Manner of injury Fall down stairs
 Nature of injury head & back

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Drunk
 (Signed) Dr. J. W. ... M. D.
 (Address) St Joseph Mo

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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