

DEC 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38152

1. PLACE OF DEATH

County Linn
 Township Lynn
 City Lynn (No.)

Registration District No. 443
 Primary Registration District No. 5601B

File No.
 Registered No.
 St. Ward

2. FULL NAME

Andrew Amett
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Emma M. Ely
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shelby Co. Mo

10. NAME OF FATHER Michael Andrew Amett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky Aug 30 - 1866
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Judith F. Greer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia Jan 28 - 1831
 (STATE OR COUNTRY)

14. INFORMANT William J. Crawford
 (Address) Hurdland Mo

15. FILED 1936 Geo. B. Casley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1936

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Oct 23, 1936
 that I last saw him alive on Oct 23, 1936, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. G. Schenck D.O., M. D.
 19 (Address) Hurdland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

F.O.O. Cemetery Oct 25 1936
Hurdland Mo

20. UNDERTAKER

ADDRESS

Geo. B. Casley Jr Hurdland

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.

