JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howell Registration District No. 384 File No. 20215
Township Primary Registration District No. 4227 Registered No.
City West Plains (No. , St. Ward)

2. FULL NAME Dorys Conkin Amyx
(a) Residence, No. St., Ward. Licking, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Fem
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)	Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	Dewey Amyx
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	Jan. 4, 1898
7. AGE — YEARS / MONTHS / DAYS	39 / 3 / 3
If LESS than 1 day, ...hrs. or ......min.	
OCCUPATION 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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Gainesville Mo.
FATHER 13. NAME	E. E. Conkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Kentucky
MOTHER 15. MAIDEN NAME	Rose Duffy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Springfield Mo.
17. INFORMANT (ADDRESS)	Dewey Amyx Licking, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE / DATE	Oak Lawn / April 9 1937
19. UNDERTAKER (ADDRESS)	Robertsons' Mortuary West Plains, Mo.
20. FILED	4/9 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 7, 1937
I last saw her alive on April 7, 1937. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Double pneumonia 3/25/37

Other contributory causes of importance:

Name of operation None 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 , 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) [signature] M. D.
(Address) West Plains, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified.