AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pike
Township Pleasantville
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 687
Primary Registration District No. 5715

File No. 28094
Registered No. .....

2. FULL NAME Amanda H. Lindstrom

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1846

7. AGE: YEARS 91 | MONTHS 0 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Richland-Mo.

FATHER
13. NAME Thomas Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland-Mo

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Winnie Bufford Eolia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eolia Baptist Cemetry DATE July 18, 1937

19. UNDERTAKER (ADDRESS) Hooch Hardware Co. Eolia-Mo

20. FILED July 17, 1937 B. M. Hooch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to July 17, 1937
I last saw her alive on June 19, 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis.	

Other contributory causes of importance:

Name of operation ..... 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 ....., 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) Donald G. Hazzard, M. D.
(Address) Eolia, Missouri

N. B.—Every item of information should be carefully supplied. Prior to the statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.