

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

Do not use this space.

OCT 26 1937

35431

1. PLACE OF DEATH

County Schuyler Registration District No. 804
 Township Salt River Primary Registration District No. 6049
 City Near Greentop Mo. (No. _____ St. _____ Ward)

2. FULL NAME Amanda Prough

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

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeff Prough (Deceased)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to Sept 1 1937
 Last saw her alive on Aug 28 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1876

to have occurred on the date stated above at 1 P. M.
 The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>8</u>	<u>18</u>	<u>18</u>	<u>18</u>

Arteriosclerosis Date of onset 1934

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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 life

Other contributory causes of importance:
cap. plexy Esoph. Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation no Date of _____
 What test confirmed diagnosis? BP 230 as there an autopsy? _____

13. NAME Gustav Ambrosier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Amelia Lodwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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.

17. INFORMANT (ADDRESS) Mrs Bertha Lutz Burkhardt
Greentop Mo.

Manner of injury no
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Greentop Cemetery Sept 3 1937

19. UNDERTAKER (ADDRESS) Wm N. West
Queencity Mo.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) D. P. Gurnea M. D.
 (Address) Quincy City Mo.

20. FILED 9/2 1937 Mrs O. P. Durrington
 Registrar.

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.

