

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Randolph  
Township Sugar Creek  
City Moberly (No. \_\_\_\_\_)

Registration District No. 735  
Primary Registration District No. 3034

File No. 46458  
Registered No. 284  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Amanda E. Holbrook

(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 B. C. Holbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24<sup>th</sup> 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Mo 1

13. NAME John L. Esy 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Coy Durham  
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek DATE Dec 20<sup>th</sup> 1937

19. UNDERTAKER (ADDRESS) Moham and Son  
Moberly Mo

20. FILED Dec 19 1937 Ethel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18<sup>th</sup> 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept. 19 1937 to Dec 18 1937

I last saw him alive on Nov 19 1937. Death is said to have occurred on the date stated above, at 5:20 am.

The principal cause of death and related causes of importance were as follows:

Cancer liver

Date of onset  
no  
4  
h  
med

Other contributory causes of importance: no

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) W. H. Meigs M. D.  
(Address) Moberly 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.

