

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 St. Francois Registration District No. 224  
 Township St. Francois Primary Registration District No. 4465  
 City Flat River (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Amy Palitte  
 (a) Residence, No. Flat River St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

46577  
341

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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Not stated~~  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937 to Dec 13, 1937  
 I last saw h. p. r. alive on Dec 12, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2

Cerebral Hemorrhage  
Pericardium 7 1/2 mo  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co MO  
 13. NAME Dora Knowlton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

Other contributory causes of importance: 1602  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? exam Was there an autopsy? no

15. MAIDEN NAME Virginia Palitte  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co MO  
 17. INFORMANT Charles Henderson (ADDRESS) FLAT RIVER MO

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 \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Parkview DATE 12-15-37 1937  
 19. UNDERTAKER Jos Diemer (ADDRESS) FLAT RIVER MO  
 20. FILED 1/3 1938 Oldfarrow Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. H. Appleberry, M. D.  
 (Address) Flat River, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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