

REC'D APR 3 9 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Franklin  
Township Clay  
City Beth (No. 5)Registration District No. 287  
Primary Registration District No. 5403File No. 10641  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joan Amick6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 24 - 18867. AGE YEARS 51 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Common Labor

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) March 12 - 1938 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.13. NAME Sam Amick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT Joe Amick (ADDRESS) River Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel DATE March 26, 193819. UNDERTAKER Emerson Burys (ADDRESS) Emerson Mo.20. FILED 4/11, 1938 G. B. Cope Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/38, 193822. I HEREBY CERTIFY, That I attended deceased from 3/24/38, 1938, to 3/25/38, 1938I last saw him alive on 3/24/38, 1938. Death is saidto have occurred on the date stated above, at 3 P. m.

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

Bronchial pneumonia Date of onset \_\_\_\_\_Other contributory causes of importance: X 107Name of operation X Date of \_\_\_\_\_What test confirmed diagnosis? X Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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 XNature of injury X

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. S. McDaniel, M. D.(Address) St. Louis, 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.

