June 6
REC'D JUN 10 1938

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

Do not use this space.

File No. 17658
Registered No. 12

1. PLACE OF DEATH
County: Benton
Township: White
City: ~~Lincoln~~ (No. ..... St. ..... Ward)
Registration District No. 60
Primary Registration District No. 5095

2. FULL NAME: Amanda Campbell Fristoe 622
(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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. Fristoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 15 1856

7. AGE: Years 81 | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont-- know / Missouri — 0

FATHER
13. NAME: Alaxander Campbell — 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont--Know, / Va, Verginia — 0

MOTHER
15. MAIDEN NAME: Elizebeth Russell,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont-- Know / Mo,

17. INFORMANT (ADDRESS): Earle W Fristoe, / Windsor Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clear Creek Ceme- DATE: May 30, 1938

19. UNDERTAKER (ADDRESS): J. R. Colbert, / Lincoln Mo.

20. FILED: June 6, 1938 Mrs. Amy L. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 22, 1938
I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 7½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Rt.)	5-13-38
Myocardial Insufficiency	5-13-38
94 B	

Other contributory causes of importance:
Generalized Arteriosclerosis
Coronary Artery Disease

Name of operation: — Date of: .....
What test confirmed diagnosis? ..... 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) Richard H. Kay, M. D.
64 (Address) Box 85 Lincoln, Mo.

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