

REC'D JUL 11 1938

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

21522
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 123
 (b) Township Apple Creek Primary Registration District No. 5776A
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Amanda Jane Biri 600
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Carnelius Biri

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>87</u>	<u>3</u>	<u>29</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as 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) Pilot Knob Mo

FATHER
 13. NAME Jae Massey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. Henssey Statter, Old Appleton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE M. C. Cemetery DATE July 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McComb & Co., Jackson Mo

20. FILED 7-2-38 G. B. Brounau Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1938 to June 30 1938
 I last saw her alive on June 30 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Infirmities of age Date of onset _____

Other contributory causes of importance: 162.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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) G. B. Brounau, M. D.
 (Address) Old Appleton, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No. ~~3007~~, working under my personal supervision.

Signed.....

Licensed Embalmer No. 305-1

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.