WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cass
Township Mt Pleasant
City ..... (No. ..... St. ..... Ward)

Registration District No. 148
Primary Registration District No. 5212

File No. 24995
Registered No. 15

2. FULL NAME Louise A. Ames 120

(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 F.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. H. Ames

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	8	18	

OCCUPATION
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) Washington Iowa

FATHER
13. NAME C. Earl Norton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Caroline Warbington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) O. H. Ames Belton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington, K.C., Mo DATE July 23, 1938

19. UNDERTAKER (ADDRESS) E. K. George & Sons Belton, Mo

20. FILED July 22, 1938 R. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to July 21, 1938
I last saw her alive on July 21, 1938 Death is said to have occurred on the date stated above, at 9.5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pyloris	1937

Other contributory causes of importance: 4 6 1/2

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray 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? .....
If so, specify .....
(Signed) R. M. Miller, M. D.
(Address) Belton Mo