

MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Butler
City Lowry City Mo (No.)

Registration District No. 763
Primary Registration District No. 4458

File No. 15965
Registered No. 8
St. Ward)

2. FULL NAME

Amelia Page
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>Francis Marion Page.</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 13. 1859</u>		
7. AGE	YEARS <u>80</u>	MONTHS <input checked="" type="checkbox"/>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/1939

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 1939, to 4/9, 1939
I last saw her alive on 4/39, 1939. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of lungs (Date of onset)

Other contributory causes of importance:

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?

If so, specify P. S. Stratton M. D.
(Signed) Lowry City Mo. (Address)

12. BIRTHPLACE (CITY OR TOWN) not given
(STATE OR COUNTRY) Spencer Co. Indiana

13. NAME August Heichelbeck.

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) France

15. MAIDEN NAME Not Given

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Pennsylvania.

17. INFORMANT W. A. Lack
(ADDRESS) Lowry City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunkard Cemetery DATE 4/11/39

19. UNDERTAKER H. C. Austin
(ADDRESS) Lowry City Mo

20. FILED 4/10 1939 Pophia J. Stratton Registrar.

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.

1 X724

RECEIVED

District Health Officer No. 7.

District File Number

7-39-75-3

Date Filed

5-8-39

of file... 75-8-39-75-3

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-965-
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 763
 (b) Township..... Primary Registration District No. 4458 Registered No. 8
 (c) City Lourey City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME Amelia Page
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 1939

22. I HEREBY CERTIFY, That I attended deceased from, to, 19...
 I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage of lungs Date of onset
Do not know cause of hemorrhage
patient was pronounced dead
when I arrived.
 Other contributory causes of importance:
N.M.D.

Name of operation Date of
 What test confirmed diagnosis? 83' 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?

If so, specify
 (Signed) C. S. Stratton M. D.
 (Address) Lourey City Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

1 X12241

Local Registrar

