

JUN 14 1939

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

21927
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township Boonville Mo Primary Registration District No. 3015 Registered No. 72
(c) City Boonville Mo Street No. St Joseph Hospital 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. da. (f) How long in U. S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 530 Eugene Embank Amick St. Los Angeles, Calif
(Usual place of abode, if no street address, give county or State) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Matilda Amick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 3 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry work
9. Industry or business in which work was done, as saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year) July-1927 11. Total time (years) spent in this occupation 27 Mar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939
22. I HEREBY CERTIFY that I attended deceased from June 10, 1939 to June 25, 1939
First saw h. alive on June 24, 1939 Death is said to have occurred on the date stated above, at 12:30 a m.
The principal cause of death and related causes of importance were as follows:

Langrene of left leg.
Arterial Embolus
Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis? Urinal Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Belle Aire, Missouri

FATHER

13. NAME Leander Amick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown North Carolina

MOTHER

15. MAIDEN NAME Melissa Lampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lebanon, Mo Missouri

17. INFORMANT (ADDRESS) L. Amick Los Angeles California

18. BURIAL, CREMATION, OR REMOVAL Los Angeles, Calif DATE 6-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ways + Stockton Pilot Grove, Mo

20. FILED 6-25, 1939 E. Cooper local Registrar.

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) Hein Ramon, M. D.
197 (Address) Boonville 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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/12/39

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.

~~working under my personal supervision.~~

Signed *Rayton E. Hayes*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.