

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

Do not use this space.

40326

**1. PLACE OF DEATH**

County Montgomery Registration District No. 2-91 File No. \_\_\_\_\_  
 Township Prairie Primary Registration District No. 4-3-49 Registered No. 21  
 City Middletown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FUEL NAME** Amanda Bee Jarboe

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1939, to Nov. 13, 1939  
 I last saw h. er alive on Nov. 13, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st, 1858

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 10 12

Carcinoma of Liver  
Cardio vascular  
renal disease  
 Date of onset Oct 30

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 \_\_\_\_\_

Other contributory causes of importance:  
age

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Alfred Parkey

14. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cash

16. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

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.

17. INFORMANT Mrs. William Moore  
 (ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Cem. DATE 11/15/39

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER Jones & Wells  
 (ADDRESS) Middletown, Missouri

20. FILED 11/14 1939 Leah Rigg

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. H. R. Tuttle, D.O., M.D.  
521 (Address) Middletown, Mo.

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 appears on the reverse side of this certificate was embalmed by me, or by, -----

----- Registered apprentice No. -----

Signed *[Signature]* -----

Licensed Embalmer No. 1588 -----

P. O. Address *Pillsville Mo* -----