

SEP 28 1927.

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

Do not use this space.

24160

1. PLACE OF DEATH

County St. LouisRegistration District No. 355Township WaltonPrimary Registration District No. 5498City Clinton (No. 770)

File No.

Registered No. 6

St. Ward)

2. FULL NAME Amanda M. Correll

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

R. D. Cairne

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

April 21 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70 3 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

House Keeper

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Grinnery
Illinois

10. NAME OF FATHER

Dant Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dant Know

12. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY)

Mrs. A. M. Karkins
Illinois

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14.

INFORMANT

R. A. Correll
Clinton R. R. 4

15.

FILED

9-12-27 W. E. Baggerly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 192717. I HEREBY CERTIFY That I attended deceased from July 4, 1927, to Aug 10, 1927that I last saw him alive on Aug 10, 1927 and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage82A 74 16 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senile dementia

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

at place of death19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical signs(Signed) R. B. Smith, M. D.(Address) Wreck MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Pauls Chapel 8/11 1927

20. UNDERTAKER

ADDRESS

Lionel Wilkerson Clinton MO

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.

