

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

Do not use this space.

**26241**

1. PLACE OF DEATH  
 County Clinton Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. Clinton County) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MIKE F Ambrose  
 (a) Residence, No. Clinton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Widowed)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 73  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Rail Roader  
 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) Kentucky  
 13. NAME Don't Know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER  
 15. MAIDEN NAME " "  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "  
 17. INFORMANT Harve Raudolph (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 7-11-33  
 19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo  
 20. FILED 8/10 1933 Ed C Peeler Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1933  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 7, 1933  
 I last saw him alive on Aug 7, 1933. Death is said to have occurred on the date stated above, at 12:00 P.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation with old age Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 97% 92%

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 \_\_\_\_\_  
 (Signed) J. B. Hamston, M. D.  
 (Address) Clinton Missouri

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.

AUG 26 1933

100

100

100

100

100

100

100

100