

Apr 18 1936

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

Do not use this space.

10321

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Tobo Primary Registration District No. 3487
City (No. St. Ward)

File No. _____
Registered No. 7

2. FULL NAME Charles E. Amick

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Leona Farmer Amick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Henry County Missouri
(STATE OR COUNTRY)

FATHER 13. NAME M. R. Amick

14. BIRTHPLACE (CITY OR TOWN) Henry County Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cerepta Merritt

16. BIRTHPLACE (CITY OR TOWN) Henry County Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. Chas. E. Amick
(ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun, Mo. DATE Mar. 3, 1936

19. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Missouri

20. FILED 3-3 1936 Mrs. A. A. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, to Mar. 2, 1936

I last saw him alive on Mar. 2, 1936. Death is said to have occurred on the date stated above, at 8:00 A. M.

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

Influenza
Valvular insufficiency of the heart
Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) J. P. Bellard, M. D.
(Address) Calhoun, 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.

