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

46993

PLACE OF DEATH

County Jasper

Township or Village or City Joplin (NO. ____ St.; ____ Ward)

Registration District No. 411 File No. ____

Primary Registration District No. 2002 Registered No. 861

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Amanda McKamy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Divorced

DATE OF BIRTH Oct (Month) 9 (Day), 1847 (Year)

AGE 72 yrs. 1 mos. 28 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

BIRTHPLACE (City or town, State or foreign country) Salsbury

PARENTS
NAME OF FATHER Wm McKamy
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Icie Hamilton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed. Pitney

(ADDRESS) 1722 Joplin St

Filed Dec 7, 1918. J A Chenoweth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 6 (Day), 1918 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 28, 1918, to Dec. 6, 1918, that I last saw her alive on Dec. 4, 1918, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

1917A

(Duration) ____ yrs. ____ mos. 8 ds.

Contributory (SECONDARY) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) A. H. Rogers M. D.

Dec 7, 1918 (Address) Joplin, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL Forest Park Cem DATE OF BURIAL ____ 191__

UNDERTAKER Jarvis-Forman ADDRESS Joplin

PLACE OF DEATH

County.....

Township .....
or
Village .....
or
City .....(NO. ....., ...St.: .....Ward)

MISSOURI STATE BOARD OF H
BUREAU OF VITAL STATISTI
CERTIFICATE OF DEATH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

[If deat hospital give its of street

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

AGE

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

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

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191..., ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... (Month) ..... (Da

I HEREBY CERTIFY, that I attended dec

....., 191..., to .....

that I last saw h.....alive on .....

and that death occurred, on the date stated above, a

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs. .....mos.

Contributory .....
(SECONDARY)

.....(Duration).....yrs. .....mos.

(Signed) .....

....., 191... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA RECENT RESIDENTS)

At place of death.....yrs. .....mos. .....ds. In the State.....yrs. .....mos

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BUR
UNDERTAKER	ADDRESS