

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

Do not use this space.

25373

1. PLACE OF DEATH

10 County Boone
2 Township
2 City Centralia (No. _____)

Registration District No. 72
Primary Registration District No. 4241

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Amanda Elizabeth Thummel
(a) Residence No. 515 E Early St., Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Joseph Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Verona
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Thos. A. Thummel
(Address) 515 E Early - Centralia Mo

15. FILED 8/29 1937 J. W. Hillison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1937

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, to Aug. 2, 1937.
That I last saw him alive on Aug. 2, 1937, and that death occurred, on the date stated above, at 7:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Hillison, M. D.

928, 1932 (Address) Centralia 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 Clairmont, Mo. DATE OF BURIAL 8/13 1937

20. UNDERTAKER Lums-Barnes-Doyle ADDRESS Centralia 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. OCT 24 1937

