

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

Do not use this space.

27049-8

JAN 26 1934  
66

PLACE OF DEATH  
County Miller  
Township Clair  
City Union (No. \_\_\_\_\_)

Registration District No. 565  
Primary Registration District No. 5761a

File No. 32  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amanda Elizabeth Durham  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Edd Durham  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1862  
7. AGE YEARS 71 MONTHS 1 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
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) Union Mo

FATHER 13. NAME Hiram Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. - Mo.

MOTHER 15. MAIDEN NAME Peggy Johnston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Pleasant, Mo

17. INFORMANT (ADDRESS) Arthur Brockman Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 8/27 33

19. UNDERTAKER (ADDRESS) Ed Coy Juba

20. FILED Dec 12 1933 Chas. R. Hawkins Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1933, to 8/25, 1933  
I last saw him alive on 8/10, 1933 Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Date of onset \_\_\_\_\_  
92  
Other contributory causes of importance \_\_\_\_\_

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) G. W. Duncan, M. D.  
(Address) J. Lewis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

