

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

Do not use this space.

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APR 25 1934

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1. PLACE OF DEATH Palls
 County..... Registration District No. 727
 Township..... Primary Registration District No. 4433
 City Perry (No.) St. Ward.....

2. FULL NAME Amanda English
 (a) Residence, No. St. Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice T. English

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 8

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

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) H. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginid

FATHER
 13. NAME Lloyd Elyea
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginid

MOTHER
 15. MAIDEN NAME Margarette Waters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginid

17. INFORMANT L. M. English
 (ADDRESS) Perry Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Perry Mo DATE 3/22 1934

19. UNDERTAKER Wm. R. Powell
 (ADDRESS) Perry Mo

20. FILED 3/21 1934 Wm. R. Powell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1934, to Mar - 20 1934.
 Last saw her alive on Mar 20 1934. Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
arteriosclerosis
 Other contributory causes of importance: subur...

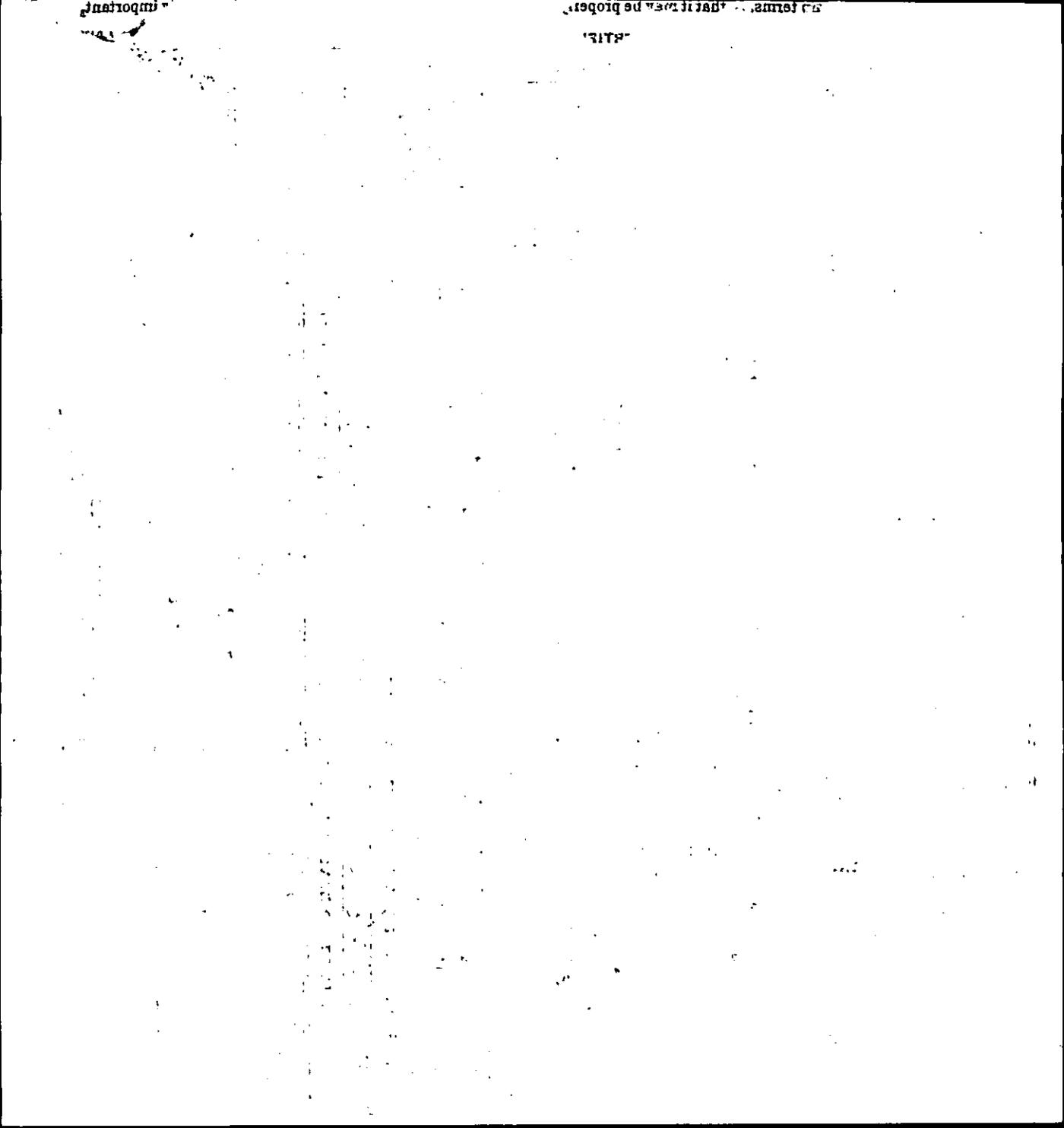
Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? no
 If so, specify.....
 (Signed) John B. ... M. D.
 (Address) Perry Mo

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STATE



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Ralls Registration District No. 727
 Township Perry Primary Registration District No. 4433
 City Perry (No. St. Ward)

2. FULL NAME Amonda English
 (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.

File No.
 Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (*write the word*)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at ... m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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

Other contributory causes of importance:
apoplexy cerebral
stroke

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

Manner of injury
 Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

20. FILED 19... Geo. C. Roubly Registrar

(Signed) M. D.
 (Address)

CAUSE OF DEATH in plain terms, so that it may be fully classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-16075