

SEP 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton, Mo (No. _____) St. _____ Ward _____

Registration District No. 477
Primary Registration District No. 4286

File No. 23601
Registered No. 27

2. FULL NAME

Amanda M. Vice

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Wm. Eason Vice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 3 5

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.

10. Date deceased last worked at this occupation (month and year) April 19, 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crafton West Virginia

13. NAME Harrison Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Margaret Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Herbert Wolf (Daughter)
(ADDRESS) Canton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE July 29, 1935

19. UNDERTAKER F. D. Kelly - Canton, Mo
(ADDRESS)

20. FILED Aug. 10, 35 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1935

22. I HEREBY CERTIFY That I attended deceased from July 8, 1935 to July 27, 1935
I last saw h. s. r. alive on July 27, 1935. Death is said to have occurred on the date stated above, at 1:50 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri
Anemia, Secondary
Date of onset 1 yr.
3 mo

Name of operation None Date of _____
What test confirmed diagnosis? Examination 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? Yes
If so, specify _____
(Signed) Roland F. Muehle, M. D.
(Address) Canton, 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.

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