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.

MAY 28 1936

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

Do not use this space.

18329

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875 — File No.:

Township: Washington — Primary Registration District No.: 6162 — Registered No.: 108

City: Nevada (No. ..., ... St. ... Ward)

2. FULL NAME: Amanda Stirewalt

(a) Residence, No. Springfield St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Lee Stirewalt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 27-1855

7. AGE: Years 81 — Months 1 — Days 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

FATHER

13. NAME: Jerry Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

MOTHER

15. MAIDEN NAME: Celia Limsford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): Hosp record

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lurin Store DATE: 4-11 1936

19. UNDERTAKER (ADDRESS): Klingner Springfield Mo

20. FILED: April 11, 1936 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to April 11, 1935. I last saw her alive on April 10, 1935. Death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/8
Flu	
Other contributory causes of importance: Influenza	4/1

Name of operation: ... Date of:
What test confirmed diagnosis? Clinical 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) F. L. Martin, M. D.
(Address) Nevada