

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

Do not use this space.

28953

1. PLACE OF DEATH

County Gastano
Township Bushcreek
City (No.)

Registration District No. 305
Primary Registration District No. 5423

File No. _____
Registered No. 76 St. _____ Ward _____

2. FULL NAME

Amanda M. Sneed

(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Sneed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 6

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

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) Aug 19-31 11. Total time (years) spent in this occupation 49

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

13. NAME John Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nash Kentucky

15. MAIDEN NAME Leah Bullins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nash Kentucky

17. INFORMANT Sadie Fox (ADDRESS) 2111 1/2

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE Sep 14 1932

19. UNDERTAKER W.F. Gattis (ADDRESS) Overwell, Mo

20. FILED 9-16 1932 J.P. Ferrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1931 to September 13 1932
I last saw h. er alive on September 11 1932 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral Hemorrhage Date of onset Dec 5 1931
Dec 10, 1932

Other contributory causes of importance: Tuberc. Dorsalis
Chronic

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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? _____
If so, specify _____
(Signed) Th. J. Fitzgerald M. D.
(Address) Georgetown, Mo

U. S. DEPT. OF HEALTH, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C. 20001
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 8 5 1932

