

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

Do not use this space.

24387

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carroll Primary Registration District No. 6248 B
City Jefferson (No. 10) St. 17 Ward

File No. _____
Registered No. _____

2. FULL NAME

John H. Amearing
(a) Residence, No. 1010 St. 1010 (If nonresident, give city or town and State)
(Usual place of abode) California
Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Maggie Amearing
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Pump
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) W. E. Fisher

18. BURIAL, CREMATION, OR REMOVAL PLACE California DATE July 6, 1933

19. UNDERTAKER (ADDRESS) Robert H. Gopher
Williams & Sons

20. FILED July 5, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933
22. I HEREBY CERTIFY, that I attended deceased from Oct 10, 1932 to July 4, 1933
I last saw him alive on July 4, 1933 Death is said to have occurred on the date stated above, at 12:50 pm
The principal cause of death and related causes of importance were as follows:

Transient Myocardial Infarction
Date of onset 8/1
Other contributory causes of importance:

Physical Examination
Name of operation Clinical Study 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? Yes
If so, specify W. E. Fisher
(Signed) W. E. Fisher, M. D.
(Address) 1010 St. Louis

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.

AUG 26 1933

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

