

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

Do not use this space.

19909

1. PLACE OF DEATH

County Cole
Township Moreau
City (No.)

Registration District No. 2 / 4
Primary Registration District No. 5-2-84

File No.
Registered No. 17
St. Ward

2. FULL NAME Clemency Ella Amos

(a) Residence, No. Russellville, Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.W. Amos
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28th, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Russellville (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Sopha D. Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Missouri

17. INFORMANT J.L. Morris (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cem. DATE June 3rd, 1934

19. UNDERTAKER C.K. Steffens (ADDRESS) Russellville, Mo.

20. FILED June 3, 1934 Wm. H. L. Carlow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1934 19 34

22. Sept 1932 HEREBY CERTIFY, That I attended deceased from June 2, 1934 to June 2, 1934
I last saw alive on June 2, 1934 Death is said to have occurred on the date stated above, at 3-0 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 1932
1931

Other contributory causes of importance:
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?
If so, specify
(Signed) W. L. Leticia M. D.
(Address) Russellville, 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.

JUN 20 1934

