

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

Do not use this space.

19909

**1. PLACE OF DEATH**

County Cole Registration District No. 214 File No. \_\_\_\_\_  
 Township Moreau Primary Registration District No. 5284 Registered No. 17  
 City \_\_\_\_\_ (No. \_\_\_\_\_) 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

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

13. NAME William Morris

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

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.N. Steffens (ADDRESS) Russellville, Mo.

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

**MEDICAL CERTIFICATE OF DEATH**

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

22. HEREBY CERTIFY, That I attended deceased from Sept 1932 to June 2, 1934

I last saw her 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

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 W. L. Kubic M. D.  
 (Signed) Russellville Mo  
 (Address)

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

