

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.

SEP 24 1931

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

Do not use this space.

31905

## 1. PLACE OF DEATH

County Moniteau  
Township Burris Fork  
City (No. St. Ward)

Registration District No. 214  
Primary Registration District No. 3774 B

File No. \_\_\_\_\_  
Registered No. 34

## 2. FULL NAME William Allen Amos

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna Amos  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31st. 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
75 5 27

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

14. BIRTHPLACE (CITY OR TOWN) Russellville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rebecca Stark

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

17. INFORMANT Henry R. Amos (ADDRESS) Olean Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACED Campbell Cem. DATE Sept. 30th. 1931

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville Mo.

20. FILED Sept 30 1931 Wm H. L. Enloe. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Died untreated, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

g. g. a  
g. g. a  
g. g. a  
Other contributory causes of importance:  
g. g. a  
g. g. a  
g. g. a  
Date of onset Sept 28 1931

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

