

SEP 10 1935

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

Do not use this space.

27083

1. PLACE OF DEATH

County Moniteau  
Township Burris Fork  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 214  
Primary Registration District No. 5774B

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Bolten 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 Male 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 Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 2 7

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, Mo.  
(STATE OR COUNTRY)

13. NAME Wilson Amos

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

15. MAIDEN NAME Rebecca Stark

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

17. INFORMANT C.P. Amos  
(ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Campbell Cem. DATE Aug. 12th, 1935

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

20. FILED Aug. 12 1935 74 Missouri  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1935, to Aug. 10, 1935  
I first saw him alive on Aug. 10, 1935 Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic myocarditis and  
myocardial degeneration  
Cerebral hemorrhage  
9/5/35

Other contributory causes of importance:

Arterio sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chromat 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? No

If so, specify \_\_\_\_\_

(Signed) George J. McElman, M. D.

(Address) Russellville, Mo.

