

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 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Burris Fork
City Russellville, (No.)

Registration District No. 214
Primary Registration District No. 2774.B.

File No. 25592
Registered No.
St. Ward

2. FULL NAME William D. Amos

(a) Residence, No. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie L. Amos.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 2

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. life

12. BIRTHPLACE (CITY OR TOWN) Russellville, Mo.
(STATE OR COUNTRY) Mo.

13. NAME John Amos

14. BIRTHPLACE (CITY OR TOWN) Russellville, Mo.
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Rhodes

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

17. INFORMANT Mrs. W. D. Amos, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Campbell Cem. DATE July 28, 1934
(ADDRESS)

20. FILED 1934 Mr. N. E. Eubank Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1934, to 7-20, 1934

I last saw him alive on 7-20, 1934 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Brain Stroke, Date of onset 7-20-34

Heat excessive
Temp 109 Axilla

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

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. T. Rushie, M. D.
(Address) Russellville, Mo.

