FEB 21 1928

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

Do not use this space. 794

Busick

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 903 N. Main St. Ward)

File No.
Registered No. 62

2. FULL NAME Wenonah Gene Amis
(a) Residence. No. 903 N. Main 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: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 12-1925

7. AGE: Years 2 — Months 1 — Days 14 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo

PARENTS
10. NAME OF FATHER: Joe Amis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boliver Mo
12. MAIDEN NAME OF MOTHER: Mayme Wadlow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo

14. INFORMANT (Address): Joe Amis Springfield Mo

15. FILED 4/28, 1928 O.C. Horst Mde REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-22-, 1927, to 8-26, 1928 that I last saw h. alive on ___, 19__, and that death occurred, on the date stated above, at 4P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Kidney
53A
53E
49
(duration) 1/2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Metastasis to abdom. glands
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-21-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Tissue exam.
(Signed) Urban Busick, M.D.
1-28, 1928 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park — DATE OF BURIAL: 1-27 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 St Louis

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.