MAY 26 1929

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

Do not use this space.

12251

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 42

City Washington (No. , St. Ward)

2. FULL NAME Ameluia Jewel Armar

(a) Residence. No. 319 W. 5th St., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of John Armar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
20	7	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bland Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Hosfeld

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bimm, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lulla Price.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gasconade Missouri.
(STATE OR COUNTRY)

14. INFORMANT John Armar
(Address) Washington Mo.

15. May 1, 1930 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1928, to Apr. 30, 1930 that I last saw her alive on Apr 30, 1930 and that death occurred, on the date stated above, at 10 25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. Emmanuel, M. D.

5/1, 1930 (Address) Washington 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	DATE OF BURIAL
Cleavesville Cemetery Cleavesville, Mo.	May 3, 1930
20. UNDERTAKER	**ADDRESS**
Otto & Co.	Washington, Mo

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.