

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

Do not use this space.

✓
18951

PLACE OF DEATH

County Delaware
Township Liberty
City (No.)

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No. 57
St. Ward)

2. FULL NAME Lena Stephen 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. 9 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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Amos.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 9 1

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) Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Edu. Stephens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Minnie Pipher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Albert Amos
(Address) Liberty Mo.

15. FILED, 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1930, 19...
that I last saw her alive on June 1 1930 and that death occurred, on the date stated above, at 11:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis & myocarditis
46 Pufferal
43 B (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) 148
(duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTACTED 148
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. Anderson M. D.

6-3, 1930 (Address) Liberty 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 Chandler Mo. **DATE OF BURIAL** 6-3 1930.

20. UNDERTAKER Marion Hessel Liberty Mo. **ADDRESS**

N. B. Every item of information should be carefully checked. STATE ACTUALLY: PHYSICIAN'S STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex. statement of OCCUPATION is very important.

ALICE DE DR

every item
CITY

state

15681-S