

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

Do not use this space.

40354

JAN 21 1931

PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 5901
City Rolla (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 89

2. FULL NAME Amelia Struthman
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Struthman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 1867
7. AGE YEARS 63 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 - 1930
17. I HEREBY CERTIFY, That I attended deceased from Mon Jan 21, 1930, to Dec 13, 1930 that I last saw h. alive on no record, 1930, and that death occurred, on the date stated above, at 3-8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
234
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 21
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Texas Co. Mo.
10. NAME OF FATHER Martin Chambers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Do not know
12. MAIDEN NAME OF MOTHER Tally Howell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Do not know

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? _____
(Signed) R. E. Greer, M. D.
17/16/1930 (Address) Newburg Mo

14. INFORMANT Mary Earp
(Address) Newburg, Mo
15. FILED Dec 16 1930 Jos. F. Cyers REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roach Cemetery **DATE OF BURIAL** Dec 16 1930
20. UNDERTAKER D. Johnson **ADDRESS** Newburg Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

