

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

Do not use this space.

17535

1. PLACE OF DEATH

County Dade
Township Center
City (No. St. Ward)

Registration District No. 237
Primary Registration District No. 2323

File No.
Registered No. 17

2. FULL NAME

Lucinda Caroline 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 H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Amos

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-29-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 2 12

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) Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER John Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Charles Brown
(Address)

15. FILED 5-14, 1931 E. C. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11 19 31

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of heart artery
94B coronary

Patient was died when arrived
Had never treated (duration) mos. ds.

CONTRIBUTORY (SECONDARY) Diagnosed from symptoms
told by close friend (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. L. Swanson, M.D.

, 19 (Address) James Spruill, 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 Maple Grove Cem DATE OF BURIAL 5-13, 1931

20. UNDERTAKER W. P. Long ADDRESS James Spruill, Mo.

