

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.

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

Do not use this space.

39382

1. PLACE OF DEATH

County Cape Girardeau
Township North
City Hearts Jackson Mo (No. _____)

Registration District No. 124
Primary Registration District No. 5179

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Carolina 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Theobald Amos

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

May 14 1860

7. AGE

73

YEARS

6

MONTHS

19

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cape Gir Co Mo

MOTHER FATHER

13. NAME

Phas Bodensack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Withdnuff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Bernard Sanders
Cardinals Inc. (R. R. 10)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wmms Cemetery DATE Nov 5

19. UNDERTAKER (ADDRESS)

31 E. 1st St. St. Louis
Hearts Jackson Mo

20. FILED

12-4, 1933 D. G. Schuler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Dec 3, 1933

I last saw him alive on Dec 2, 1933 Death is said to have occurred on the date stated above, at 12:30 am.

The principal cause of death and related causes of importance were as follows:

Progressive Paralysis Date of onset 1932

Other contributory causes of importance:

Arteriosclerosis 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) D. G. Schuler

, M. D.

(Address) Hearts Jackson Mo

