

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.

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1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Lexington Primary Registration District No. 5625
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Rose Magdalena Amor

(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 Female 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 Thomas Amor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 2

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

12. BIRTHPLACE (CITY OR TOWN) Madison Co Ill.
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME Thomas Malter

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

15. MAIDEN NAME Mary Pouch

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

17. INFORMANT Mrs. Harry Mallot Jr.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE Oct 31, 35

19. UNDERTAKER Winkler
(ADDRESS) Lexington Missouri

20. FILED Oct 31, 1935 Jays Brill Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935, to Oct 20, 1935
I last saw him alive on Oct 28, 1935 Death is said to have occurred on the date stated above, at 6 A M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: _____

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) J. L. Bradwell M. D.
(Address) Lexington, Mo.

