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.

OCT 23 1936

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

Do not use this space.

35109

1. PLACE OF DEATH

County: Nodaway — Registration District No. 624

Township: Hopkins — Primary Registration District No. 5826

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 12

2. FULL NAME: Amelia Emaline Wong

(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 15 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: Hong Wong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 28 1870

7. AGE — YEARS: 65 — MONTHS: 10 — DAYS: 2 — 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: 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkins Mo

FATHER

13. NAME: Richard Boatman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co Mo

MOTHER

15. MAIDEN NAME: Margaret Candle

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

17. INFORMANT: Geo Boatman
(ADDRESS): Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hopkins Cem. DATE: Oct 2 1936

19. UNDERTAKER: Long & Boyd
(ADDRESS): Skidmore Mo

20. FILED: Oct 2, 1936 O. H. Sayler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 30 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to 9/30, 1936

I last saw her alive on 9/20, 1936. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

	Date of onset
Chronic valvular disease of heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C W Fink, M. D.

(Address) Hopkins