

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

Do not use this space.

DEC 29 1936

1. PLACE OF DEATH

County Miller  
Township Saline  
City                      (No.                     )

Registration District No. 561  
Primary Registration District No. 5755-A

File No. 41920  
Registered No. 89  
St.                      Ward                     

2. FULL NAME Eula May Amos

(a) Residence, No. Olean, Mo.  
(Usual place of abode)

St.                      Ward                       
(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 Clint D. Amos  
(OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 3 2

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

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) Iberia  
(STATE OR COUNTRY) Missouri

13. NAME Mat L. Martin

14. BIRTHPLACE (CITY OR TOWN) Iberia,  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nellie Jane Lawson

16. BIRTHPLACE (CITY OR TOWN) Iberia,  
(STATE OR COUNTRY) Missouri

17. INFORMANT Clint D. Amos  
(ADDRESS) Olean Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Olean Cem. DATE Nov. 14th, 1936

19. UNDERTAKER G. N. Steffens  
(ADDRESS) Russellville, Mo.

20. FILED 11-13 36 Belle Haynes  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th, 1936 . 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1936, to Nov. 12, 1936

I last saw him alive on Nov. 12, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Acute peritonitis Date of onset Nov. 10

Acute suppurative oophoritis Nov. 7

Other contributory causes of importance:

Name of operation                      Date of                       
What test confirmed diagnosis?                      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? No  
If so, specify                     

(Signed) James W. Allen, M. D.  
(Address) Elton Mo.

[JUL 11 1955]

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

Do not use this space.

**1. PLACE OF DEATH**

County Miller

Registration District No. 5-61

File No. \_\_\_\_\_

Township Saline

Primary Registration District No. 5-753-A

Registered No. 89

City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

**2. FULL NAME**

Eula May 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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 3 2

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 11-13 1936 Belle Haynes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 12 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_.

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

acute peritonitis  
acute salpingo-oophoritis  
Not this lady had given birth to a baby a few days before death.  
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 cause (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) James H. Allen, M. D.

(Address) Eldon Mo

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.

S-41920