

FEB 17 1937

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

Do not use this space.

1918

1. PLACE OF DEATH

County Jackson Registration District No. 420  
Township Jefferson Primary Registration District No. 3022  
City Desoto (No. 1) St. Desoto Ward 1

2. FULL NAME

Amalane Ruth Wamogay  
(a) Residence, No. 305 St Louis St. Desoto Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Wamogay  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 18, 1894  
7. AGE YEARS 42 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Springs Ark.

FATHER 13. NAME W. E. Grunwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Ark.

MOTHER 15. MAIDEN NAME Mary Elizabeth Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Vernon Ind.

17. INFORMANT (ADDRESS) W. E. Grunwell Desoto

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto DATE Jan 23, 1937

19. UNDERTAKER (ADDRESS) Donald B. Guitale Desoto

20. FILED Jan 31, 1937 Ma. Prendergast Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1937

22. I HEREBY CERTIFY that I attended deceased from January 11, 1937, to January 21, 1937

I last saw her alive on January 21, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

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

Tubercular Pneumonia Date of onset 11-1937

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? No

If so, specify Wally E. Gibson, M. D.

(Signed) Wally E. Gibson (Address) Desoto, Ind.

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.

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