

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Jasper
City _____ (No. _____)

Registration District No. 912
Primary Registration District No. 5960B

File No. 13095
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jordan W. Amos</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 1851</u> | | |
| 7. AGE YEARS <u>85</u> | MONTHS <u>11</u> | DAYS <u>14</u> |
| If LESS than 1 day,hra. ormin. | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 (3PM) 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to March 13 1937
I last saw him alive on Mar 10 1937. Death is said to have occurred on the date stated above, at 3:30 m.

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

Chronic Valvular Heart Disease

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? No
If so, specify A. W. Bland, M. D.
(Signed) _____
(Address) Indialia Mo

| | | | |
|---|---|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | 10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____ |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> | | |
| | 13. NAME <u>Eli Sulgrove</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Lavinia Wilson</u> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> | | |
| 17. INFORMANT <u>Mrs Ray Crowder</u> (ADDRESS) <u>Indialia Mo</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indialia Mo</u> DATE <u>Mar 15 1937</u> | | | |
| 19. UNDERTAKER <u>W. S. Waters</u> (ADDRESS) <u>Indialia Mo</u> | | | |
| 20. FILED <u>3/16 1937</u> <u>Camie F. Utterback</u> Registrar. | | | |

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

