

REC'D MAY 16 1938

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

Do not use this space.

15083

1. PLACE OF DEATH
5 County Lawrence Registration District No. 467
1 Township Amasa Primary Registration District No. 4280
1 City Amasa (No. 203 Myrtle) St. _____ Ward _____

2. FULL NAME Amanda Clementine Voss
(a) Residence, No. 203 Myrtle St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1879

7. AGE YEARS 69 MONTHS 0 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co., Mo

MOTHER
13. NAME Joseph Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Nancy Hutstine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Co Mo

17. INFORMANT D.A. Riggins
(ADDRESS) Springfield - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Vernon DATE 2-10 1938

19. UNDERTAKER Dee Jayasett
(ADDRESS) MT Vernon, Mo

20. FILED 2-9 1938 RA Cowan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to July 8, 1938
I last saw her alive on July 1, 1938 Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Senility
1 1/2 yr
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Will Smith, M. D.
Amasa, Mo
4/19 (Address)

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.

1945

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