

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

**26391**  
 Do not fill this space.

REC'D AUG 26 1938

1. PLACE OF DEATH  
 (a) County St Francois Registration District No. 773  
 (b) Township " Primary Registration District No. 4464  
 (c) City Farmington (d) Street No. " St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Rosi delores Amouett 553  
 (a) Residence, No. \_\_\_\_\_ St.  (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) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>1</u>	<u>1</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as 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) Farmington, Mo

FATHER  
 13. NAME Elmer Amouett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo

MOTHER  
 15. MAIDEN NAME Idell Gray  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo

17. INFORMANT Elmer Amouett  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Col. Masonic DATE 7-13 1938

19. FUNERAL DIRECTOR Reider & Co  
 (ADDRESS) Farmington, Mo.

20. FILED July 13 1938 B. J. Robinson  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10 1938 to July 10 1938  
 I last saw her alive on July 11 1938 Death is said to have occurred on the date stated above, at 2 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Cholera Septica Date of onset \_\_\_\_\_

Other contributory causes of importance: 1190

Name of operation Cholera 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) R. J. Robinson, M. D.  
 (Address) Farmington, 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.

STATEMENT BY LICENSED EMBALMER

I, C J Lloyd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

C J Lloyd  
For Everett & Co.  
Licensed Embalmer No. 3527

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**