

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.

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

11566  
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561  
(b) Township Salome Primary Registration District No. 4330  
(c) City Eldon (d) Street No. 17  
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 Carlos Columbus Amos

(a) Residence, No. 520 (Usual place of abode, if no street address, write county or city) St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ada Amos  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1876  
7. AGE YEARS 62 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Drayman  
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) Missouri  
13. NAME Isaiah Amos  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Lucendia Leslie  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT Blanch Vauhan (ADDRESS) Eldon, Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon DATE 3-26-1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home Eldon, Missouri  
20. FILED 3-25-1939 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23 1939  
22. I HEREBY CERTIFY, That I attended deceased from December, 1936 to March 23, 1939  
I last saw him alive on March 23, 1939 Death is said to have occurred on the date stated above, at 7:10 P. M.  
The principal cause of death and related causes of importance were as follows:  
Multiple Sclerosis  
Other contributory causes of importance:  
Progressive muscular atrophy 12-136  
Name of operation None 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 --  
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) E. B. Shelton M. D.  
(Address) Six South Maple, Eldon, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

Louis D. Phillips

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3663

P. O. Address \_\_\_\_\_

Eldon Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**