0250 SEP 13 1939

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

28789
Do not use this space.

1. PLACE OF DEATH
   (a) County Cape Girardeau — Registration District No. 124
   (b) Township Byrd — Primary Registration District No. 5179 — Registered No. 30
   (c) City .... (d) Street No. .... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (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 526 Charles William Amos
   (a) Residence, No. .... St. ....
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: male — 4. COLOR OR RACE: white — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1939
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chloe Turner Amos	22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1939, to Aug 17, 1939. I last saw him alive on Aug 17, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1884	The principal cause of death and related causes of importance were as follows: Cholera Morbus — Induced by food poisoning
7. AGE: Years 55 — Months 5 — Days 10 — If LESS than 1 day, ...hrs. or ...min.	Date of onset
OCCUPATION — 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer	
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) Oakridge Mo 0	Other contributory causes of importance: 177
FATHER — 13. NAME Nick Amos 6	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0	Name of operation .... Date of .... What test confirmed diagnosis? .... Was there an autopsy? ....
MOTHER — 15. MAIDEN NAME Mary Robins	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .... Date of injury ...., 19....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakridge Mo	Where did injury occur? .... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Mrs L. F. Meyers (ADDRESS) Jackson Mo	Manner of injury ....
18. BURIAL, CREMATION, OR REMOVAL PLACE Gravel Hill Cem DATE Aug 19, 1939	Nature of injury ....
19. FUNERAL DIRECTOR (NAME) Macke-Wilson-State (ADDRESS) Jackson Mo	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
20. FILED 8-19, 1939 D. G. Seibert, Local Registrar.	(Signed) R. H. Hays, M. D. (Address) Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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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, ...

.....by me....., or by .....,

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

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.