

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1787

1. PLACE OF DEATH

County Cape Girardeau
 Township Cape Girardeau
 City Cape Girardeau (No. Southeast Mo. Hospital)

Registration District No. 53
 Primary Registration District No. 3010

File No. _____
 Registered No. 23 St. _____ Ward _____

2. FULL NAME

Judith Ann Amos

(a) Residence, No. 519 N. 23rd St. East St. Louis, Illinois
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female / 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1943

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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 _____

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo. (STATE OR COUNTRY)13. NAME James Amos14. BIRTHPLACE (CITY OR TOWN) Allenville (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Lee Griffaw16. BIRTHPLACE (CITY OR TOWN) Canalou (STATE OR COUNTRY) Mo.17. INFORMANT James Amos (ADDRESS) East St. Louis, Illinois18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemt DATE 1-21-4319. UNDERTAKER L. L. Haman (ADDRESS) Cape Girardeau, Mo.20. FILED 1-23-43 19 43 F. H. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1943, to Jan 20th, 1943.
 I last saw her alive on Jan 20th, 1943. Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:

PrematurityDate of onset 1/19/43Other contributory causes of importance: 159

Name of operation _____ 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? no
 If so, specify _____

(Signed) D. Cochran, M. D.
 (Address) Cape Girardeau, 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.

RECEIVED

District Health Officer No. 4

District File Number 243-1764

Date Filed 2-8-43