JUN 24 1927

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

Do not use this space.

14204

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 2501 St. Joseph Ave., St. Ward)
File No. 490
Registered No.

2. FULL NAME Delana Amos
(a) Residence. No. 2501 St. Joe Ave., St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Amos

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
83	~~6~~ 1	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mansfield,
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER William Lentz,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Mary Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Frank E. Amos
(Address) 2501 St. Joseph Ave.

15. FILED 7 19 John G. Wz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1927, to May 6, 1927 that I last saw her alive on May 6, 1927, and that death occurred, on the date stated above, at 1:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyelitis
133A
135B
131a
(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cystitis-urinary
Malignant (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B W Toortuker, M. D
May 7, 1927 (Address) P & S Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Mora
DATE OF BURIAL: May 9 1927

20. UNDERTAKER: Fleeman-Faris
ADDRESS: 1208 Francis

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.