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

Do not use this space.

38907

1. PLACE OF DEATH

County Cole — Registration District No. 214 — File No. 32

Township Moreau — Primary Registration District No. 4130 — Registered No. 214

City Russellville, Mo. (No. ..... St. ..... Ward)

JAN 10 1931

2. FULL NAME Fannie Amos

(a) Residence. No. Russellville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of E.H.Amos

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31st 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	4	17	

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

9. BIRTHPLACE (CITY OR TOWN) Enon.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Theodore Blackburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER Julia Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) No Record

14. INFORMANT E.H.Amos
(Address) Russellville, Mo.

15. FILED 12-20, 1930 Hugh L. Enloe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec.28th,1930 19

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1930, to Dec 28, 1930 that I last saw her alive on Dec 27, 1930 and that death occurred, on the date stated above, at 10-5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Right Lung 4 yrs (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 4 yrs (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. L. Leslie M.D.

, 19 (Address) Russellville, Mo.

*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	DATE OF BURIAL
Enloe Cemetary	Dec. 30th 19 30
20. UNDERTAKER	ADDRESS
G.N.Steffens	Russellvill

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.