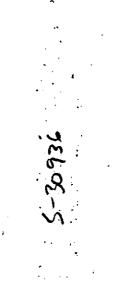
Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 10 PLACE OF DEATH OCCUPATION is very important. Pile No..... Registration District No...... Township Miller Primary Registration District No. Registered No. (If nonresident give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) male I HEREBY CERTIFY, That I attended deceased from ... SA. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 If LESS than 1 7. AGE DAYS MONTHS hrs. ..min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ... (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer)...... (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) . (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER ~19ペン (Address) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15.

TABLEST & DEATH in part in the first of the

The statements of age and date of birth are inconsistent. Please correct, sign, and return.



BY LAW	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.	
ED BY	PLACE OF DEATH. County Market Befishration Township Milly Primary B City (No.	a District No. 10 14 0	File No. Registered No. St. Ward)	
PRES	2. FULL NAME (a) Residence. No	Bierbauss	nresident give city or town and State)	
.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
COMI	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDIVORCED (Write the we will be a seried). WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17. 1 HEREBY CERTIFY (that I last saw h	That I attended deceased from	
UNTIL TH	DATE OF BIRTH (MONTH, DAY AND YEAR) FLOT YOUR AGE YEARS MONTHS DAYS II LESS day,	hrs.	AS FOLLOWS:	
R CEPTIFICATES	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY	(duration)	
<u>0</u> .	(c) Name of employer BIRTHPLACE (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATHS		
EIVE A F	(STATE OR COUNTRY) 10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATH).	DATE OF	
OT REC		(Signed)	, м. р	
SHALL N	12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		ATH, or in deaths from VIOLENT CAUBER, state and (2) whether ACCIDENTAL, SUICIDAL, or	
EGISTRARS	INFORMANT	19. PLACE OF BURIAL, CREMATION	N, OR REMOVAL DATE OF BURIAL	
ISTR	(F(Address)	V	19	
114] ئ	FILED 11-18 127 - BWWinkelwar	20. UNDERTAKER	ADDRESS	

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