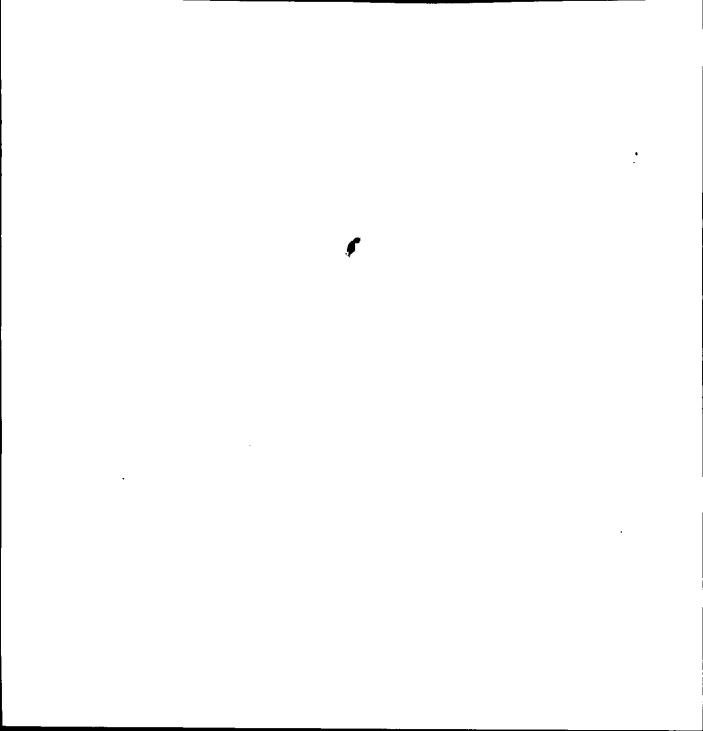
Do not use this space MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County LACKEDE Primary Registration District No. FBANON (If nonresident give city or town and State) MAR Lendth of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) SiNGLE HEREBY CERTIFY, That I attended deceased from 5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at............ 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 928 THE CAUSE OF DEATHS WAS AS FOLLOWS: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,brs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. CONTRIBUTORY..... (SECONDARY) business, or establishment in which employed (or employer)......(duration)......yrs.mee (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED Tulsa Oklar ULSA 9. BIRTHPLACE (CITY OR TOWN) . IF NOT AT PLACE OF DEATHS (STATE OR COUNTRY) 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST DAL EN TS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER *State the DISRASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN (1) MRAKE AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOSTERAL 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL F BANON 15. 20. UNDERTAKE



	MISSOURI STATE E BUREAU OF VIT CERTIFICATE	AL STATISTICS	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
County County City L. L. C.	(No	District No. 4267	esident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5a. If Married, Widowed, or Divorced HUSBAND of (OR) WIFE OF	5. Single, Marmed, Widowed or Divorced (Crite the word)	19	YEAR) 2 - 2 - 19 2 That I attended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR 7. AGE YEARS MONTHS 8. OCCUPATION OF DECEASED (a) Trade, profession, of	DAYS It LESS than 1 day,hrs. ormin.		DOLLOWS: reamonia
particular kind of work		CONTRIBUTORY MANAGE	duration)
9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) 10. NAME OF FATHER		DID AM OPERATION PRECEDE DEATHI	DATE OF
11. BIRTHPLACE OF FATHER (CITY (STATE OR COUNTRY)	он тодиба	WHAT TEST CONFIRMED DIAGNOSIST	, м. г
12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY (STATE OR COUNTRY)	900mm/>		H, or in deaths from Violent Causes, state and (2) whether Accidental, Suicidal, or
14. INFORMANT		19. PLACE OF BURIAL, CREMATION,	OR REMOVAL DATE OF BURIAL
		'll <u></u>	

