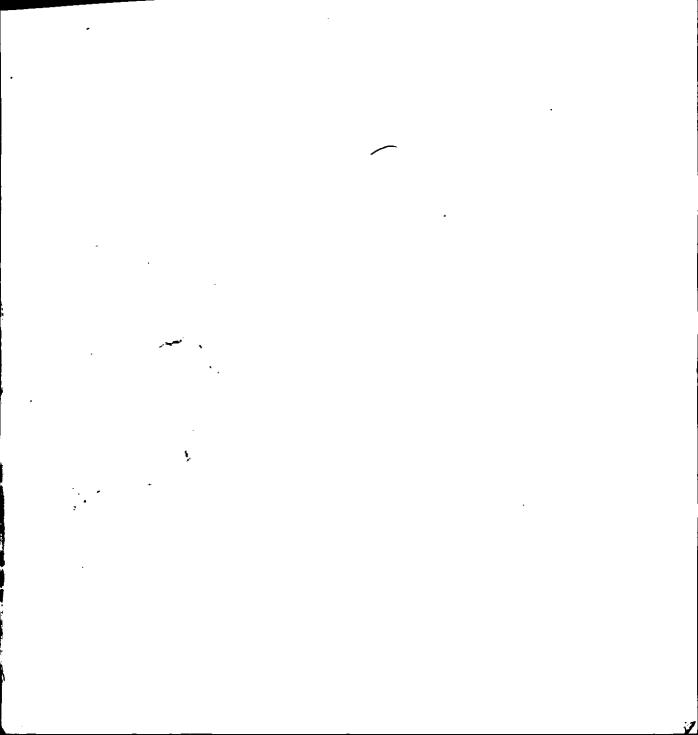
BUREAU OF VI	BOARD OF HEALTH: TAL STATISTICS TE OF DEATH Do not use this space.
1. PLACE OF DEATH County Registration District 1 Township Primary Registration City (No. 8.5	
2. FULL NAME STORY CHARACTER SINGLE S	Ward. (If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. HEREBY CERTIFY Phat lattended deceased from 30, 1928, to 1928, and that the last saw h. 1928, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	death occurred, on the date stated allowe, at
7. AGE YEARS MONTHS DAYS II LESS then 1 day,hrs.	THE CAUSE OF DEATH* WAS AS FOLLOWS: Dronchial Incumonia
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	(doretion) yrs. mos. 2 do.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY
9. BIRTHPLACE (CITY OR TOWN) ALL BURNES (STATE OR COUNTRY)	IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER Of Cler Il Landmann	U DID AN OPERATION PRECEDE DEATHY. M.O. DATE OF
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER OF A LASS OF THE STATE O	WHAT TEST CONFIRMED BIAGNOSST Clinical (Signed) M. D
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Dibrary Causing Drate, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accemental, Suicidal, or
14. INFORMANT Scal Sandman	HOMICIDAL. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
15. FILEN -1, 1928 NEAR C TANKER TEACHTER	20 UNDERTAKER ADDRESS ADDRESS SILVE BL.
	The Henders Les La lour



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.	
1. PLACE OF DEATH. County Township Gity A Deglo	· -	No. 79	File No. (2) St. (2) Ward)
2. FULL NAME (a) Residence. No	e Elmila Si, red yra mea		resident give city or town and State) eign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL F	ERSONAL AND STATISTICAL PARTICULARS MEDICAL		FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI Sa. IF Married, Widowed, or Divorced HUSBAND or (or) WIFE or	NGLE, MARRIED, WIDOWED OR IVORCED (wife the word)	79	That I attended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS	DAYS If LESS then I day,brs.		AS FOLLOWS:
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	<u>or</u>	Ofwer Sty Sol A.	Rund Lliv of VS. (duretion) 71.
(b) General nature of industry, business, or establishment in which employed (or employer)		CONTACTIBUTORY. SECONDARY) 18. WHERE WAS DISEASE CONTACTED	19.NJ - "
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATHS DID AN OPERATION PRECEDE DEATHS	Date of
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN (STATE OR COUNTRY)	Q¥	WHAT TEST CONFIRMED DIAGNOSIST	, M. D
12. MAIDEN NAME OF MOTHER A 13. BIRTHPLACE OF MOTHER (CITY OR FOWN (STATE OR COUNTRY))		re, or in deaths from Violent Causes, state and (2) whether Accelental, Suicidal, or
14. INFORMANT		19. PLACE OF BURIAL, CREMATION	, OR REMOVAL DATE OF BURIAL
15./ FILED: 13./19!	RECUTTRAN	20. UNDERTAKER	ADDRESS
		1°	· · · · · · · · · · · · · · · · · · ·

5-22632