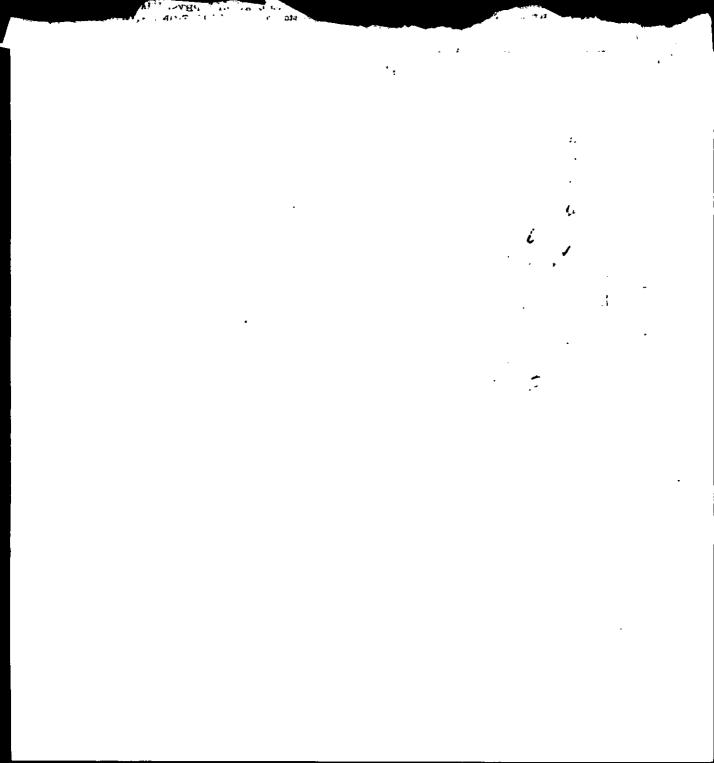
12 42	BUREAU OF VI CERTIFICAT 1. PLACE OF DEATH County Registration District I	BOARD OF HEALTH TAL STATISTICS TE OF DEATH No. 378 District No. 4222 Refisiered No. 22
	2. FULL NAME Some St., (Organ place of abode) Length of regidence in city or town where death occurred yrs. mos.	St. Ward) Ard. (If nonresident give city or town and State) da. How long in U.S., if of foreign birth? yrs. mos. ds.
To fine terms, 800	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male White White Mairie	MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. HEREBY CERTIFY, That I attended deceased from 19. 19. 19. 2. 19. 2. 19. 2. 19. 2. 19. 2. 19. 3. and that
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/29/1854 7. AGE YEARS MONTHS DAYS II LESS than 1 day,	death occurred, on the date stated above, at. THE CAUSE OF DEATHY WAS AS FOLLOWS: DEE 1921 DIE 1921 DI
	(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) MISSOUPI. (STATE OR COUNTRY) MISSOUPI.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSISE (Signed) , 19 (Address)
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 14. Barl Hyatt (Address) Fayette, 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 City Cometary I/26 29
,	15. FILED / - 80, 19 29 V. Q. Bonham REGISTRAR	20. UNDERTAKER Guy T. Halley. Fayette, Mo.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH. County Howard. Registration District No..... File No..... ä Primary Begistration District No. 44-23 Begistered No. PRESCRIBED OCCUPATION IS W Mence. No. (Usual place of abode) (If nonresident give city or town and State) How long in U.S., if of foreign birth? Leadth of residence in city or town where death occurred ETE PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COMPL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) statement 17. I HEREBY CERTIFY, That I attended deceased from ARE 31000 5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF THEY 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF BEATH* WAS AS FOLLOWS: AGE sho classified. UNTIL If LESS than 1 7. AGE YEARS MONTHS DAYS day,brs. ormin. CERTIFICATES supplied. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work RIBUTORY I AND AND (b) General nature of industry, may be business, or establishment in which employed (or employer)..... FOR (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED ᆵ 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHS (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEAT 8 RECEIVE 10. NAME OF FATHER information. WAS THERE AN AUTOPSYS...... 11. BIRTHPLACE OF FATHER (CITY OR TOP WHAT TEST CONFIRMED DIAGNOSIS?..... (STATE OR COUNTRY) Pon N. B.—Every item of its CAUSE OF DEATH.in 12. MAIDEN NAME OF MOTHER . 19 (Address) SHALL *State the DISEARE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR (1) MEANS AND NATURE OF INJUST, and (2) whether Accountage Suicidals or (STATE OR COUNTRY) HOMICIDAL. PARS 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) FILED 1-30 1929 V. W. 19 420. UNDERTAKER ADDRESS

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