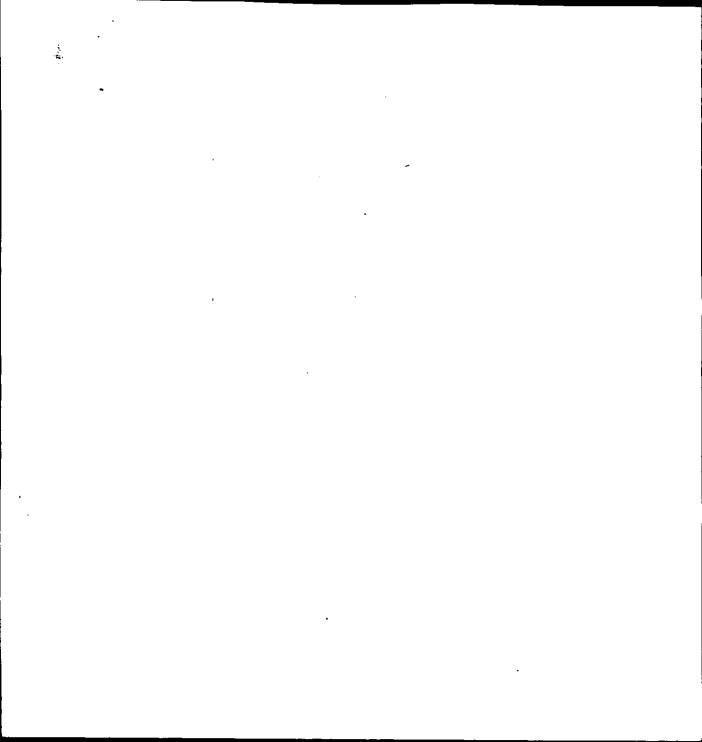
3	BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH TO not use this space.
25 0	County Registration District Primary Registration	
•	2. FULL NAME (a) Besidence. No. St.,	Okenolo' Ward.
	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give 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) Therefore Whele Surger	16. DATE OF DEATH (MONTH, DAY AND YEAR) Wan 11 1925
一九	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	that I last saw hard alive on American Manual 19.21, and that death occurred, on the date stated above, at A
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day,	THE CAUSE OF DEATH® WAS AS FOLLOWS:
	8. OCCUPATION OF DECEASED (a) Trade, profession, or ab Hance particular kind of work	(durelies) yrs. / mes. ds.
	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY
	9. BIRTHPLACE (CITY OR TOWN) Sleeper (STATE OR COUNTRY) QUO	IF NOT AT PLACE OF DEATHS. P. Cale of Death Did an operation precede Deaths. Ma Date of
	10. NAME OF FATHER Que Trans	WAS THERE AN AUTOPSYT.
	(STATE OR COUNTRY) (STATE OR COUNTRY)	WHAT TEST CONTINUED DIACOSSESS
	12. MAIDEN NAME OF MOTHER Quina au Messure	(3-11, 1929 (Address) Standland (m)
	13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	*State the Disease Causing Death, or in deaths from Violent Causin, state (1) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or Homicidal.
	14. INFORMANT CALLS CALLS (Address) Sleefer Over	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Staliberes Cesselay War 12 1929
	15. FILE 3-11, 1929 Allthins REGISTRAR	20. UNDERMAKER ADDRESS
	The state of the s	naue



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 Registration District No. 45 Pile No..... Registered No. Primary Registration District No. (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (prite the word) I HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF THEY 19....., and that 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. CERTIFICATES 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer)..... FOR (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH. (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHS...... DATE OF RECEIVE 10. NAME OF FATHER WAS THERE AN AUTOPSY! 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) MOH (Signed)... 12. MAIDEN NAME OF MOTHER . 19 (Address) SHALL 13. BIRTHPLACE OF MOTHER (CITY OR 10) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OF (STATE OR COUNTRY) HOMICIDAL. EGISTRARS 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT..... (Address) 20. UNDERTAKER **ADDRESS** REGISTRAR

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