<b></b>							
1400	$\sigma$	MISSOURI STATE BOARD OF HEALTH		Do not use this space.			
136	<b>5</b>		BUREAU OF VITAL STATISTICS				
1			ATE OF DEATH	17096			
1. P	LACE OF DEATH						
	County North	B # . # . B	98.5				
<u> </u>		Registration Distri		Pile No.			
, [	Township /	Primary Registratio	na District No. 6 2/6	Registered No.			
	Co A Company	CNa					
1		77	. 61	•			
li i	ינישיםממת המתחוב בליים NAME			······································			
li .	(a) Residence. No		t.,	nonresident give city or town and State)			
Longo	h of residence in city or town where deat	hoccurred A / yrs. mo					
	PERSONAL AND STATISTIC	CAL PARTICULARS	3 MEDICAL CE	RTIFICATE OF DEATH			
3. SE		5. SINGLE, MARRIED, WIDOWED OR					
1 5		DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-3 - 192]				
1 //	1 2/	Mound	. 11	FV. That I attended decreased from			
SA. IF	MARRIED, WIDOWED, OR DIVORCED	0 4	July 13 - 10	FY, That I attended deceased from			
	HUSBAND OF (OR) WIFE OF		that I last saw h.4.2 alive on a far 3, 1929, and the				
ß	JN ::(//>	- Work	death occurred, on the date stated about	6, at 7.30 P			
11		756-0 1 11/E	· #	•			
6. DA	TE OF BIRTH (MONTH, DAY AND YEAR)	V 17 Rev 6, 17/07.	THE CAUSE OF DEATHS W	WAS AS FOLLOWS:			
6. DA		DAYS If LESS than 1	THE CAUSE OF DEATH &				
11		DAYS If LESS than I day,hrs.	Organic he	art disease with			
11		DAYS If LESS than 1	Organic he				
7. AG	E YEARS MONTHS	DAYS If LESS than I day,hrs.	Organic he	art disease with			
7. AG	E YEARS MONTHS CUPATION OF DECEASED	DAYS If LESS than I day,hrs.	Organic he	art disease with			
7. AG	E YEARS MONTHS	DAYS If LESS than I day,hrs.	general an	ast disease will			
7. AG	CUPATION OF DECEASED  (a) Trade, profession, or genticular kind of work	DAYS If LESS than I day,hrs.	Jesural and 6651/	ast disease will			
7. AG 8. OC	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS  If LESS than I day,	general an	and disease will assissa. Several			
7. AG 8. OC	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS  If LESS than I day,	Jesural and 6651/	asaraa Sumeral			
7. AG	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS  If LESS than I day,	Jesural and 6651/	Serveral management			
7. AG	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS  If LESS than I day,	CONTRIBUTORY FOR SECONDARY)  18. WHERE WAS DISEASE CONTRACTED	Several massing			
7. AG 8. OC	CCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS   If LESS than I day,	CONTRIBUTORY GEONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH	assissa - Commercial C			
7. AG 8. OC	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)	DAYS   If LESS than I day,	CONTRIBUTORY GEONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH	Suresal  Constitution you make the Date of			
7. AG 8. OC	CCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	DAYS   If LESS than I day,	CONTRIBUTORY GEONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH	assissa - Commercial C			
7. AG 8. OC 9. BIF	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  1. NAME OF FATHER	DAYS II LESS than I day, bra.  or min.  securife  Langer  Langer	CONTRIBUTORY	Suresal  Constitution you make the Date of			
7. AG 8. OC 9. BIF	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  1. NAME OF FATHER  (CITY OF FATHER (CITY OF TOWN)	DAYS II LESS than I day, bra.  or min.  securife  Langel  Hy desample	CONTRIBUTORY	Suresal  Constitution you make the Date of			
7. AG 8. OC 9. BIF	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  1. NAME OF FATHER  (CITY OF FATHER (CITY OF TOWN)	DAYS II LESS than I day, bra.  or min.  securife  Langer  Langer	CONTRIBUTORY	Suresal  Constitution you make the Date of			
9. BIF	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  1. NAME OF FATHER  (CITY OF FATHER (CITY OF TOWN)	DAYS II LESS than I day, bra.  or min.  securife  Langel  Hy demand	CONTRIBUTORY	Suresal  Constitution you make the Date of			
9. BIF	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of indestry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. MAIDEN NAME OF MOTHER	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY.  CONTRIBUTORY.  SECONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH  WAS THERE AN AUTOPSY?.  WHAT TEST CONFIRMED DIAGNOSIS  (Signed).  , 19 (Address)  *State the Disease Causing I	M. Wills M. Prant Oity. M. Detel or in denths from Violent Cause, state			
9. BIF	CCUPATION OF DECEASED  (a) Trade, profession, or gurificular kind of work	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY GECONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH  WAS THERE AN AUTOPSY?  WHAT TEST CONFIRMED DIAGNOSIS  (Signed)  , 19 (Address)  *State the Disease Causing I  (1) Means and Natues of Leute	Separas Wills M. Date of Mo Wills M. Frankling M.			
9. BIF (10. 11. 12. 13. 13.	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY)  D. MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (CITY OR COUNTRY)	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY.  CONTRIBUTORY.  SECONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH  WAS THERE AN AUTOPSY?.  WHAT TEST CONFIRMED DIAGNOSIS  (Signed).  , 19 (Address)  *State the Disease Causing I	M. Wills M. Prant Oity. M. Detel or in denths from Violent Cause, state			
9. BIF (10. Sp. 11. Law 12. Law 13. Law 14. La	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY)  D. MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (CITY OR COUNTRY)	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY GECONDARY)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH  WAS THERE AN AUTOPSY?  WHAT TEST CONFIRMED DIAGNOSIS  (Signed)  , 19 (Address)  *State the Disease Causing I  (1) Means and Natues of Leute	Consider of Mo  Date of Mo  Death, or in deaths from Violent Causes, state  Beath, and (2) whether Accidental, Suicidal, or			
9. BIF (10. 10. 11. 12. 13. 14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER  (STATE OR COUNTRY)	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY.  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEAT  WAS THERE AN AUTOPSY!.  WHAT TEST CONFIRMED DIAGNOSIS  (Signed).  , 19 (Address)  *State the Disease Causing I  (1) Means and Nature of Industrials.	Constitution of the contract o			
9. BIF (10. 11. 11. 11. (10. 11. 11. (10. 11. 11. (10. 11. 11. (10. 11. 11. (10. 11. 11. (10. 11. 11. (10. 11. (10. 11. 11. (10. (10	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (CITY OR (STATE OR COUNTRY)	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY.  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH  WAS THERE AN AUTOPSY?.  WHAT TEST CONFIRMED DIAGNOSIS  (Signed).  , 19 (Address)  *State the Disease Causing I  (1) Means and Nature of Injur  Homicidal.  19. PLACE OF BURIAL, CREMAT.	Constitution of the contract o			
9. BIF (  10.  11.  14.  15.	CUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, ousiness, or establishment in which employed (or employer)  (c) Name of employer  RTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  D. NAME OF FATHER (CITY OR (STATE OR COUNTRY)  C. MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (CITY OR (STATE OR COUNTRY)	DAYS II LESS than I day, bra.  securife  links min.  Maus Loug  Maus Loug  Maus Loug	CONTRIBUTORY	Constitution of the contract o			
9. BIF (  10.  11.  14.  15.	CCUPATION OF DECEASED  (a) Trade, profession, or gurificular kind of work	DAYS II LESS than I day, bra.  or min.  Length  Langer  Langer  Mousto	CONTRIBUTORY	Constitution of the contract o			

*h.	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			FOR MUST BE WRITTEN OF THIS SUPPLEMENTARY.			
1. PLACE OF DEATH County Conth	Registration District N	905	file No				
Township aller	Primary Registration D	7 8 17	legistered No				
	, , , , ,		St.				
2. FULL NAME		ynch					
(a) Residence. No	yrs. mes.			r town and State)			
PERSONAL AND STATISTICAL PART	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE 5. SINGLE DIVORCE	, MARRIED, WIDOWED OR CED (write the word)	16. DATE OF DEATH (MONTH, DAY AND	YEAR)	- <i>3</i> 19			
5a. IF MARRIED, WIDOWED, OR DIVORCED	m	I HEREBY CERTIFY					
HUSBAND OF (OR) WIFE OF		that I last saw h alive	<u></u>	, 19, 20			
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	6.1063	death occurred, on the date stated above, at  THE CAUSE OF DEATH WAS AS	FOLLOWS:				
7. AGE YEARS MONTHS DAYS	If LESS than 1 day,brs. ormin.	with gener	act a	Assarc			
8. OCCUPATION OF DECEASED			less	an a Oma			
(a) Trade, profession, or particular kind of work		20	ration)yr	the same			
(b) General nature of industry, business, or establishment in which employed (or employer)	, T	SECONDARY) MOMAN	brone	The 1			
(c) Name of employer	<b>⟨</b> ≯ <sub>k</sub>	18. WHERE WAS DISEASE CONTRACTED	weises y <b>2</b> 222334	f			
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT BEACEFOR DEATHS	7	<u>f</u>			
10. NAME OF FATHER		DID AN OPPRATION PROTEDS DEATH  WAS THERE AND AUTOPSY!	DATE OF	••••••••••••••••			
ν 11. BIRTHPLACE OF FATHER (CITY OR TOWN)	2 >	WHAT TEST CONFIGMED DIAGNOSIST					
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER	(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER			(Siedd) (Address)			
13. BIRTHPLACE OF MOTHER (CITY OF TWIN)			*State the Disease Causing Draff, or in deaths from Violent Causes, sta				
(STATE OR COUNTRY)		(1) MEANS AND NATURE OF INJURY, SEE	( (2) whether A	CCIDENTAL, SUICIDAL,			
14. INFORMANT		19. PLACE OF BURIAL, CREMATION, C	OR REMOVAL	DATE OF BURIA			
(Address)							
15/Arc 9 2-7/1/20/Acc	fe Long	20. UNDERTAKER		ADDRESS			

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