min 9	7 .	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space.	
	116	1. PLACE OF DEATH 1	100	19063	
ould Impor		County Claty Registration District No. 090		File No.	
31		Township Mushall Primary Registration	on District NdJ 9 2 7	Registered No.	
Sel		City(No,	·······	St	Wsrd)
CIAN N is v		2. FULL NAME MUS WM Bede			5
YSI		(a) Residence. No	,Ward.	resident, give city or	town and State)
PH PA1		Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.			
fly. Physic occupation		PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERT	IFICATE OF DEAT	ГН
	3.	SEA 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY A	ND YEAR) Mays	20 1929
EXA ent	1 ,	Olvorced (write the word)	17.  I HEREBY CERTIFY, That I attended deceased from Many 1929 that I last saw half alive on Many 1929 and that		
A 8	12	ewall Whit Married			
statement of	∭ ŚA.	. IF MARRIED, WIDOWED, OR DIVORCED			
66 to e> ±±	.	(OR) WIFE OF WW Bely			
ld b Erac	<del> -</del>	DATE OF BIRTH (MONTH, DAY AND YEAR) WOY 28 /869	death occurred, on the date stated ab	· V	
should d. En	II—	AGE YEARS MONTHS DAYS If LESS than 1	THE CAUSE OF DEATH WAS AS FOLLOWS:		
d d	∦ ″	AGE TEARS MUNITS DAYS II LESS talkin I day,hrs.	? Cleebral he	mornia	£
AGE shasified.		5~9 J ormin.			
Class F	<del>-</del>	OCCUPATION OF DECEMEN			
457	8.	OCCUPATION OF DECEASED  (a) Trade, profession, or	(duration) / yrs. mos. ds.  CONTRIBUTORY Action Lactor Control (SECONDARY)  (duration) 7 yrs. mos. ds.		
properly		particular kind of work			
2 E & )		(b) General nature of industry,			
∯ \$ ∪V		business, or establishment in which employed (or employer)			
arefull may b		(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED	•	
° ∺	$\parallel -$	Platte Co	III. WILEYE WAS DISEASE CONTINUED		
ld be	9. [	BIRTHPLACE (CITY OR TOWN) UNU U	IF NOT AT PLACE OF DEATH	5,	. /
nonic no fi			DID AN OPERATION PRECEDE DEATH) TO DATE OF WAS THERE AN AUTOPSY!		
, da ,	II	10. NAME OF FATHER James Marshalf			
in a	J	11. BIRTHPLACE OF FATHER (CITY-OF TOWN)	WHAT TEST CONFIRMED DIAGNOSIST Clinical		
	ΉĘ	(STATE OR COUNTRY) Lewe,	(Signed) Levis O, Oalvar J M.D.		
rfor plai	RENT	IN MADERIALIS OF MOTURAL A Settlement	15/21/209	1,~ -	7/10
290/	/   <u>\$</u>	12 MAIDEN NAME OF MOTHERAMY A Scutton	/ 19 / 9, (Address)	NEDLON	<u>, //w,</u>
a E		13. BIRTHPLACE OF MOTHER (CITY OR/TOWN)	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state		
ite.		(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or Homicidal.		
B.—Every item of informances of DEATH in plain	14.	News Sunlars	19. PLACE OF BURIAL, CREMATION	, QR REMOVAL	DATE OF BURIAL
ÅÖ.		(Address) Western 2001	1 PD 1 1	2.0.1	7/1. 10 10
	-	(Address)	Measant 10	1091	Way Y 1 19/
N. B CAU	15.	FILED 8/201929 97/ mee	20. UNDERTAKER	- <b>-</b> -	ADDRESS
٦٥		REGISTRAR	1 (2) / Ine	-€  °	wes un neo
	-		" //		

