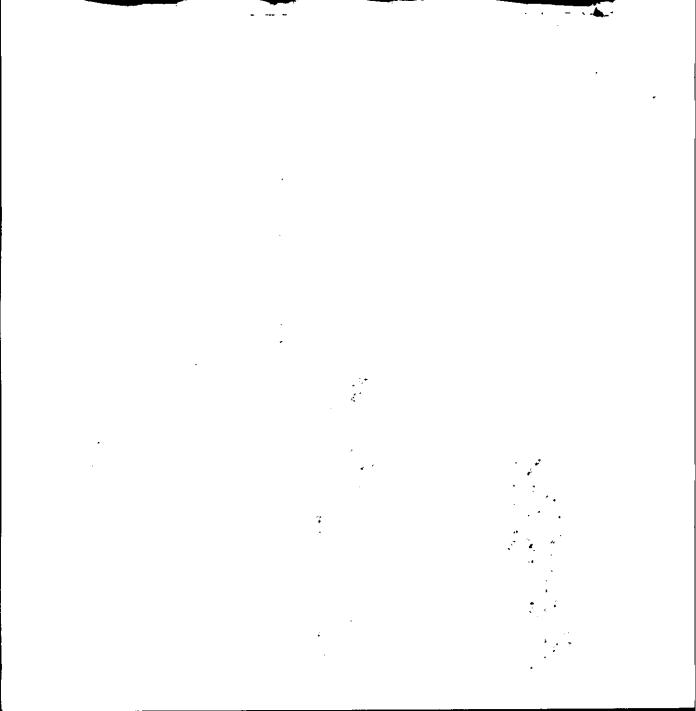
County Registration District No. Primary Registration District No. City. (No. (BUREAU OF	TE BOARD OF HEALTH VITAL STATISTICS ICATE OF DEATH Do not use this apace. 25308	
City		trict No. 604 File No. 84	
Length of residence in city or town where death occurred yra mea. da. How long in U.S., if of foreign hirth? yra mea. da.	City		
2. SEX 4. COLOR OR RACE 5. SINGAR, MARRITO, WIDOWED OR DIVORCED (corise the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED (17. HISBAND) 5A. IF MARRIED, WIDOWED, OR DIVORCED (17. HISBAND) 6. DATE OF DEATH (MONTH, DAY AND YEAR) 7. AGE YEARS MORTIS DAYS II LESS than 1 day, bra. win. win. win. win. win. win. win. win			
Divosced (tertis the word) 5a. If Married, Widower, or Divorced (OR) WIFE or (OR)		MEDICAL CERTIFICATE OF DEATH	
HUSBAND OF CORN WIFE OF CORN WIFE OF CONTROL OF BIRTH (MONTH), DAY AND YEAR) 7. AGE YEARS MONTHS DAYS IN LESS than 1 day,bra. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of indextry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WAS THERE AN AUTOSEST WHAT TEST CONTRIBUTIONS (Signed)	Divogetto (write the word)	17.	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS then 1 day,bbra. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of indestry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WAS THERE AN AUTOSSY: WHAT TEST CONTRIBUTIONS (Sidness) WHAT TEST CONTRIBUTIONS WHAT TEST CONTRIBUTIONS (Sidness) What TEST CONTRIBUTIONS (Sidness) (Signess) (Signess) (Signess) (Signess) (Signess)	ia. If Married, Widowed, or Divorced HUSBAND or (OR) WIFE or	,19 , to ,19 ,19 , to ,19 ,19 , end that I last saw h , alive on ,19 , end that	
7. AGE YEARS MONTHS DAYS II LESS than 1 day, bra. or min. 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) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (COTY OR TOWN) 11. BIRTHPLACE OF FATHER (COTY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (COTY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (SIGNED) (Signed) (Signed) (Signed)	S. DATE OF BIRTH (MONTH, DAY AND YEAR)	**	
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(STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CAY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (Signed)	(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED	
10. NAME OF FATHER AND ALLOW WAS THERE AN AUTOSON. 11. BIRTHPLACE OF FATHER (CON' OR TOWN). (STATE OR COUNTRY) (Signed) (Signed)		IF NOT AT PLACE OF DEATH?	
11. BIRTHPLACE OF FATHER (CONT OR TOWN) WHAT TEST CONFIRME DIAGOSTS (STATE OR COUNTRY)	- The control in	DID AN OPERATION PRECEDE DEATHY	
(STATE OR COUNTRY) Dout Mouse (Signed)	AL BIDTURI ACE OF FAMILIA (1940)		
12. MAIDEN NAME OF MOTHER (1) To Sattant ,19 (Address) Cafreth 1/1	(STATE OR COUNTRY)	1 / / Jane	
	12. MAIDEN NAME OF MOTHER Junity Patt		
(STATE OR COUNTRY) (1) MRANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, (4) Homicidal.	(STATE OR COUNTRY)	*State the Dinease Causing Drath, or in deaths from Violenz Causes, state (1) Means and Nature of Injury, and (2) whether Accedental, Suicidal, or Homicidal.	
14. INFORMANT ALL WILLIAMS 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)	INFORMANT		
FRED 7/13, 1924. 20 Bruss 20. UNDERTAKER ABORESS REGISTRAR MINISTER CONTROL OF CONTROL O	From 7/13, 1929	20. UNDERTAKER ABORESS	



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 Primary Registration District No. 5-79 Township Z Registered No.St. Ward) (a) Residence. No......(Usual place of abode)St.,Ward, (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long in U.S., if of foreign birth? mog ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (forite the word) 17. I HEREBY CERTIFY. That I attended deceased from..... 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date toted above, at _______m. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE DEATH * WAS AS FOLLOWS: 7. AGE YEARS MONTHS' If LESS than ! I day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (duration)yrs......mos......ds. particular kind of work..... (b) General nature of industry. ONDARY) business, or establishment in which employed (or employer) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN)..... IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH! DATE OF..... 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIS? ENTS (STATE OR COUNTRY) (Signed) M. D. Œ 12. MAIDEN NAME OF MOTHER , 19 (Address) 13. BIRTHPLACE OF MOTHER (CITY OR TO) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19 20. UNDERTAKER **ADDRESS** REGISTRAR

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