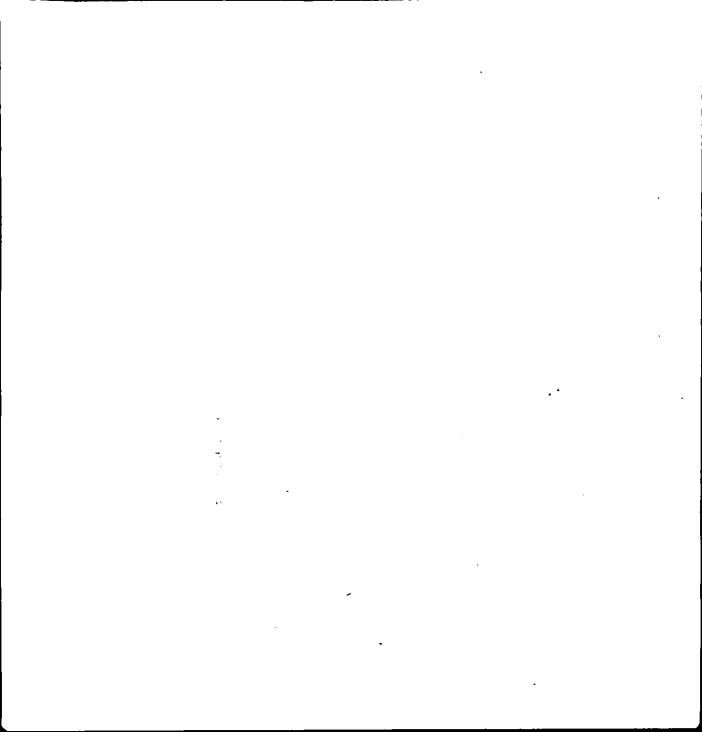
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 199901. PLACE OF DE Registration District No..... County..... Primary Registration District No... Registered No..... (a) Residence. No...... (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. 5A. IF MARRIED, WIDOWED, OR DWORCED (OR) WIFE OF death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS: 7. AGE DAYS II ĹESS YEARS MONTHS day. .cdn. **B. OCCUPATION OF DECEASED** (a) Trade, profession, or particular kind of work... (b) General nature of industry. (SECONDARY) 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 DE (STATE OR COUNTRY) 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITYLOR PARENTS (STATE OR COUNTRY) (Signed) 12. MAIDEN NAME OF MOTHER (Address) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CLTY OR TOW (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) MICIDAL. 14. DATE OF BURIAL PLACE OF BURIAL, CREMATION, OR REMOVAL INFORMANT (Address) 15. DDRESS 20. JINDERTAKER



ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH County. A C D Begistration District Township City. (No	District No. 4314 Registered No.	
2. FULL NAME St., (a) Residence. No. St.,	July Color	•
(a) Residence. No		own and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (partie the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 17.	2/1930
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	HEREBY CERTIFY That I attended deceased from	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) CF 22-1847 7. AGE YEARS MONTHS DAYS II LESS than ber.	THE CAUSE OF TRAITH WAS AS FOLLOWS:	
82/ 29 <u>se</u> min.	A V	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work (deretion) yes mass.		
(b) General nature of industry, business, or establishment in which employed (or employer)	(derston)	
(c) Name of employer	18. Where was disease contracted	
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AY PLACE OF DEATH1	
*(STATE OR COUNTRY)	Did an operation precede deatht	
10. NAME OF FATHER	WAS THERE AN AUTOPSY!	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST.	
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	(Sigsed), M. D	
13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	*State the Dizzaen Causing Drafti, or in deaths from Violent Causes, state	
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal.	
14. INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
15. FILED 8 / T. 1930 MANDEN REGISTRAR	20. UNDERTAKER	ADDRESS

REGISTRARS SMALL NOT RECEIVE A FEE FOR CENTIFICATES UNTIL THEY ARE COMPLETE AS PALSCHIELD OF LAW

C-6661-5