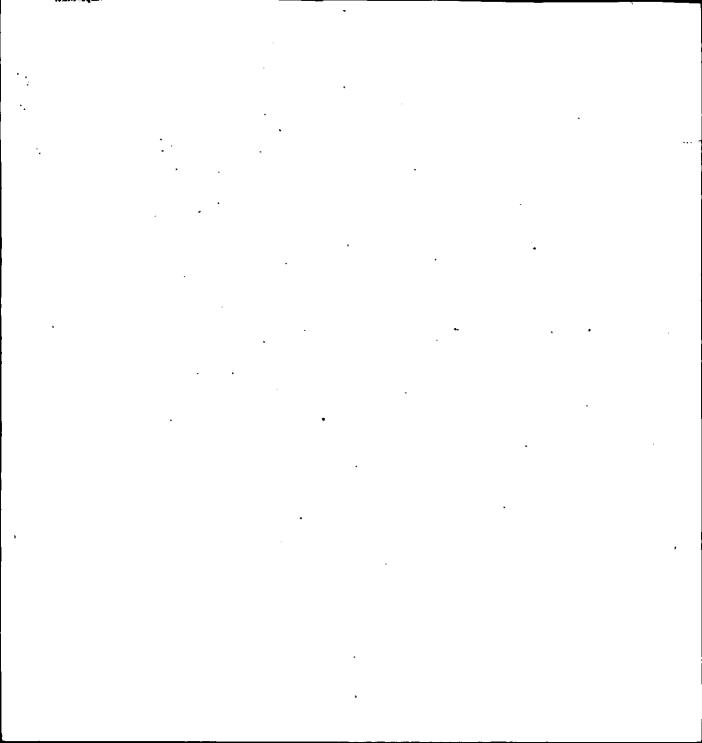
SEP 26 1930 MIS	BUREAU OF VI	BOARD OF HEALTH	Do not use this space.	
1. PLACE OF DEATH ANK County Fastru Township Fastru City Carmel	Registration District Primary Registration	1.04	File NoRegistered NoWard)	
(a) Residence. No	rred ýrs. mes.	(If non	resident, give city or town and State) reign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PAI	RTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE DIVORCED (write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		16. DATE OF DEATH (MONTH, DAY AND YEAR) to 13 19 33 17. 1 HEREBY CERTIFY, That Jattended decrased from 19. that I last saw h silve on 19. and that		
6. DATE OF BIRTH (MONTH DAY AND YEAR) WAY 7. AGE YEARS MONTHS DAYS 3 3 5		THE CAUSE OF DEATH * WA	s AS FOLLOWS: Pill	
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).		(SECONDARY)	(duration) yrsmosds.	
9. BIRTHPLACE (CITY OR TOWN) MAN Sabella (STATE OR COUNTRY) 97 MR Cy my		IF NOT AT PLACE OF DEATH		
10. NAME OF FATHER (CITY OR TOWN) DAVIELO (STATE OR COUNTRY) Mark Company (STATE OR COUNTRY)		Was there an autopsy? What test confirmed diagnosis? (Signed)		
14. INFORMANT JOE KISOL (Address) Sabella (15. 6150) 14:1930 Mary Hi	Jank gymz Johnson REGISTRAR	19. PLACE OF BURIAL, CREMATION. Subulta Cen 20. UNDERTAKER OSEAS Walla	netery lug 14 1930 ADDRESS Le pho Nammen	



 		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.	
RESCRIBED BY LAW		PLACE OF GEATH. County Begistration District I Township Primary Registration I City (No	District No. 3-837 Begistered No. St.	Ward)	
AS PRI	L	(a) Residence, No	(If nonresident give city o	r town and State) rs. mos. ds.	
ETE		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ARE COMPL	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED. WIDOWED OR DIVORCED (write the word) 5a. 1 Married. Widowed, or Divorced		16. DATE OF DEATH (MONTH, DAY AND YEAR) (19 13 18 30 17. I HEREBY CERTINY, That I attended deceased from		
ТНЕУ А		(OR) WIFE OF June 7th 192		, 19, and that	
Vintil	i ——	AGE YEARS MOVINS DAYS IF LESS than 1 day,	THE CAUSE DE DEATH* WAS AS FOLLOWS:		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, husiness, or establishment in			(duretion) y		
		(b) General nature of industry, husiness, or establishment in which employed (or employer)	CONTRIBUTORY	s. mee de	
FOR		(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED		
9. BIRTHPLACE (CITY OR TOWN)			IF NOT AT PLACE OF DEATHS		
ğ Α		(STATE OR COUNTRY) 10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATHY		
ECEIVE	W. HAME OF PATIEN		WAS THERE AN AUTOPSYT		
Œ.	USTATE OR COUNTRY)		WHAT TEST CONFIRMED DIAGNOSIST		
NO	(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHERS		(Signed), M. D		
SHALL	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
EGISTRARS	14. INFORMANT		19. PLACE OF BURIAL, CREMATION, OR REMOVAL.	DATE OF BURIAL	
STR		(Address)		19	
REGI	N	FILED Craf 49 30 Mary To Johnson REGISTRAR	20: UNDERTAKER	ADDRESS	

5-27468