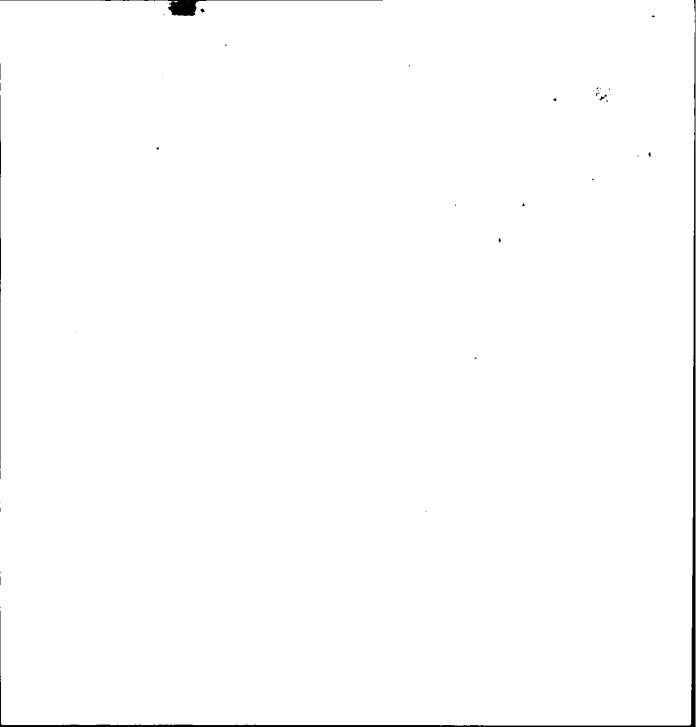
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County HEU 17 Registration District No...... File No..... Primary Registration District No. 5-15 0 Registered No. 91 (a) Residence, No.. (If nonresident, give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 .ラノ DIVORCED (write the word) HEREBY CERTIFY, That Legtended deceased from 5A. IF MARRIED, WIDOWED, OF BWORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS DAYS day,hrs. or min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.............. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked 11. Total time (years) spent in this 50 this occupation (month and contributory causes of importance (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis Was there an autopsy?... 14. BIRTHPLÁGÉ (CITY OR TÓWN) (STATE ON COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 18. BURIAL. 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (ADDRESS) (Signed)..... 20. FILEDS Registrar.



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH	₹4 Ø	
County Registration District		17 1 '
	District No. 2.3-0/ Registered No.	•
Gity (No	St	Ward)
2. FULL NAME Whru W Epl	ee .	
(a) Residence. /No		town and State)
(Usual(place of about) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of foreign birth?	s. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)	422-19 3
$M \mid \mathcal{U} \mid \mathcal{M}$	17. 1 HEREBY CERTIFY, That I attended dec	eased from
SA. F MARRIED, WIDOWED, OR DIVORCED	10	19
HUSBAND OF (or) WIFE OF		, 19, and that
7/10/10	death occurred, on the date stated above, at	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) / 1854-5-8	THE CAUSE OF DEATH WAS AS FOLLOWS:	
7. AGE YEARS MONTHS DAYS II LESS than 1 day,brs.		************
72 9 19	4, 1	
& OCCUPATION OF DECEASED		
(g) Trade, profession, or	(duration) yrs	
perficular kind of work		•
(b) General nature of industry,	CONTRIBUTORY	
husiness, or establishment in which employed (or employer)	(duration)yrsds.	
(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED	
	IF NOT AT PLACE OF DEATH?	
9. BIRTHPLACE (CITY OR TOWN)	ii ee e	
	DID AN OPERATION PRECEDE DEATHY	
10. NAME OF FATHER	Was there an autopsyl	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST	
(STATE OR COUNTRY)	(Signed), M. D	
12. MAIDEN NAME OF MOTHER	, 19 (Address)	
	*State the DISEASE CAUSING DEATH, or in deaths from	VIOLENT CAUSES, state
13. BIRTHPLACE OF MOTHER (CITY OF 200H)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or	
(STATE OR COUNTRY)	HOMICODAL	
4. INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
// (Address)		19
	20. UNDERTAKER	ADDRESS
18/76 1931 ENU-126/07	<u> </u>	
REGISTRAR	% {	Į.

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