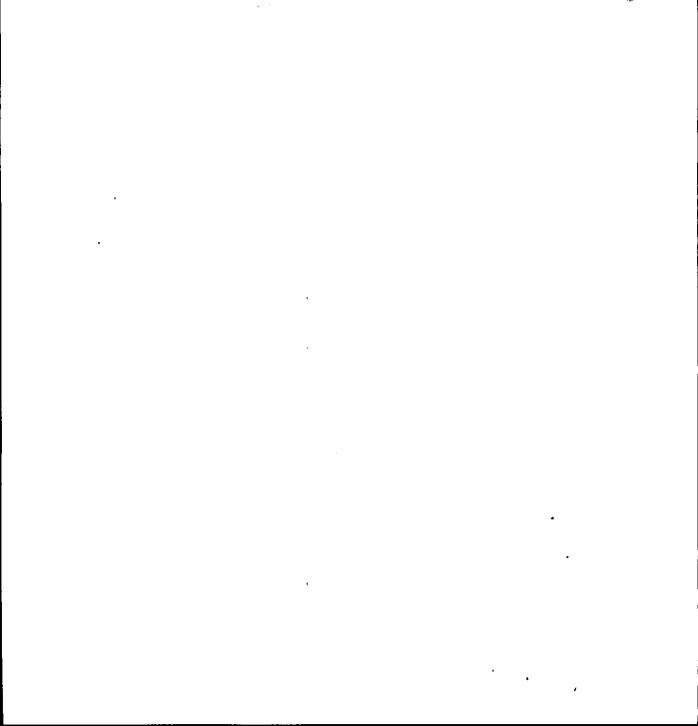
BUREAU OF V	BOARD OF HEALTH //ITAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH	$\sim a$ (1 33737
County Duller Registration Distri	
	on District No. 5/3/ Registered No. 2/3
Clty(No	St. Ward)
2. FULL NAME NAME NAME OF THE BUY MOS. (a) Residence, No. Popule Buy Mos. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	Ward. (If nonresident, give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR	(0.44
male white DIVORCED jurite the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) (UCA 9, 193
5A. IF MARRIED, WIDOWED, OR DIVORCED	22. HEREBY CERTIFY, That I attended deceased from
HUSBAND of	19 4 93/ 19 to OCT 9 193/
(OR) WIFE OF	I last saw hand alive on July 9 , 193/ Death is said
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (Clother 9-193)	to have occurred on the date stated above, at 3.4m.
7. AGE YEARS MONTHS DAYS If LESS than I day,	The principal cause of death and related causes of importance were as follows:
O day, C. min.	Taket frame Field
8. Trade, profession, or particular	
8awyer, bookkeeper, etc	1/5/1/ 1/2/1
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 at this occupation (month and spent in this	70707
0 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) North of Contain Bluff (STATE OR COUNTRY)	1576
E 13. NAME STATE SLICE	
13. NAME Start Will 14. BIRTHPLACE (CITY OR TOWN) Butter Continues	Name of operation
44, BIRTHPLACE (CITY OR TOWN) JUST CALL CALL	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Clair Leavis	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (CITY OR TOWN) Butter Country	Where did injury occur?(Specify city or town, county, and State)
17. INFORMANT Gast Hill (ADDRESS)	Specify whether injury occurred in Industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PLACE Hillis Ceme Carepate 10-9 31	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CLUB (ADDRESS)	If so, specify
20. FILED OU 9 193/ By Clary Registrar.	(Signed) M. D. (Address) By Los Blog Pro
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BUILDING STATE



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REGISTRARS	

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON

MISSOURI	STATE	BOARD	OF	HEA.
BURE	AU OF V	ITAL STA	TISTI	CS

	CERTIFICA	CERTIFICATE OF DEATH		THIS SUPPLEM	THIS SUPPLEMENTARY.	
1. PLACE OF GEATH	Registration Distri		89	<u> </u>		
County Duck	· -		3-/3/	File No.	, 3	
Township To Joean Suff	Primary Registrati			Registered No.	·	
City(No			•••••••	St	Ward)	
2. FULL NAME Tufant	He	ll				
(a) Residence, No	8t	.,		nonresident, give city or tow	on and State)	
Length of residence in city or town where death occurred	yrs. mos.	ds. How	long in U.S., if of f		mos. ds.	
PERSONAL AND STATISTICAL PARTIC	CULARS		EDICAL CER	TIFICATE OF DEAT	Н	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE	D, WDOWED, OR	A DATE OF DE	ATIL ALANSIA DAY	10 L a	>>	
DIVORCED (write	te the word)	ZI. DATE OF DE	ATH (MONTH, DAY, A	IND YEARY OCC 7	. 19 🎝	
	o .	22, I HE	REBY CER	TIFY, That I attende	d deceased from	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF			المن	, to	19	
(OR) WIFE OF		I last saw h	alive on	, 19	Death is sai	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)) .	1	4 11	1 above, atn.		
7. AGE YEARS MONTHS DAYS	If LEES then 1:	The principal ca	use of death and r	elated causes of importance	e were as follows	
	day hrs.	100	Ø _r	•	Pate of one	
8. Trade, profession, or particular kind of work done, as spinner,		12	A	•		
sawyer, bookkeeper, etc			/	***************************************		
kind of work done, as spinner, sawyer, bookkeeper, etc			-		1	
0 10. Date deceased last worked at this occupation (month and spent	me (years)	X				
	in this	Other contribute	ry causes of import	ance:		
	The same	X				
12: BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)				***************************************		
αΙ	XX	***************************************	***************************************	***************************************		
13. NAME	<u> </u>	ì		Date o		
13. NAME 14. BIRTHPLACE (CITY OR TOWN)				Was there an a		
- (STATE ON CODATINT)) 💆					
15. MAIDEN NAME	_	1		uses (violence), fill in also t		
E M. MADER MAINE				Date of injury		
16. BIRTHPLACE (CITY OR TOWN)		Where mainjury	(Sp	pecify city or town, county,	and State)	
(STATE OR COUNTRY)		Specify whether	injury occurred in i	ndustry, in home, or in publ	ic place.	
17. INFORMANT		ŀ		***************************************		
(ADDRESS)				***************************************		
18. BURIAL, CREMATION, OR REMOVAL		Nature of injury.				
PLACEDATE		24. Was disease	or injury in any wa	y related to occupation of d	ecezsed?	
19. UNDERTAKER		If so, specify		••••		
(ADDRESS)		(Signed)		***************************************	, M. D	
20 FILED 100 3 193/ Of Cl	Registrar	(Address	ı)	***************************************	·	

Registrar.