FLAINITY, WITH UNFADING INKTHIS IS A PERMANENT RECORD formation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH County Township City 2. FULL NAME (a) Residence, No. (Usual place of about Length of residence in city or to PERSONAL AND ST 3. SEX 4. COLOR OR HUSBAND OF (OR) WIFE OF MALE 5A. IF MARRIED, WIDOWED, OR DIVORCE HUSBAND OF (OR) WIFE OF MALE 6. DATE OF BIRTH (MONTH, DAY, A 7. AGE YEARS N 8. Trade, profession, or particle kind of work done, as splik saw mill, bank, etc. 10. Date deceased last worked this occupation (month year) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME ALLEGE 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME
ation sl terms,	14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)
ig i	15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)
· ##	17. INFORMANT mes form
Every OF D	18. BURIAL, CREMATION, OR REM
ማ~ #	- PLACE CONTROL OF THE PARTY OF

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

Do not use this space.

35480

TOWNSHIP COUNTY ON A STATISTICAL PARTICULARS A. SEX A. COLOR OR RACE Divogeto from Marketo, Michael S. S. MEDICAL CERTIFICATE OF DEATH MUSEAND OF ORD PRACE S. MILES MONTH DAY SI HESS than the series of signers, saver, bookkeeper, etc. S. Track, preference, or paticials work and done, as silk mill, work and done, as silk mill, work and done, as silk mill, socupation month and year) 1. BURTHPLACE (CITT OR TOWN) 2. J. SERMATION, OR PERVOYAL 3. BURHAL GREMATION, OR PERVOYAL 4. MADDRESS) A. WAR MERCHANDERS A. WAR MERCHAND
Township Primary Registration District Ng. Styles Registered No. 15 Styles (No. 14 May 14 May 14 May 14 May 15 Styles (No. 14 May 14 May 14 May 15 Styles (No. 14 May 14 May 14 May 14 May 15 Styles (No. 14 May 14
Township. City Manuel Control of No. 17 May 1944 March 1948 March
City Mame Control of the Control of
2. FULL NAME (a) Residence, No. (b) Residence, No. (c) Usual place of abode) Length of residence in city or town where death occurred (c) Usual place of abode) Length of residence in city or town where death occurred (c) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS (a) Residence in city or town where death occurred (c) DESCENDENCE IN COLOR OR RACE (c) OR RACE (c) OR RACE (c) OR RACE (c) SINCLE MARRIED, WIDOWED, OR DIVORCED (c) WIFE OF ARRE (c) DESCENDENCE (c) DESC
(a) Residence, No. Length of Considerate in City of town where death occurred The procession of the City of town where death occurred The procession of the City of town where death occurred The procession of the City of town where death occurred The procession of particular shows the procession of particular shows on the date stated above, at 10 mm. The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm. The principal cause of death and related above, at 10 mm.
Cleangh of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTI
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERGED (write the-world) 5. HIMBARID, WIDOWED, OR DIVORCED HISTARD OF JAME 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YARS MONTH, DAY, AND YEAR) MEDICAL CERTIFICATE OF DEATH 22. HEREBY CERTIFY, That I swanded decembed from the late stated above, at James 10 per late of nave occurred on the date stated above, at James 10 per late of nave occurred in the date of nave occurred in the date of nave oc
3. SEX 9. CLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED 10. WILLIAM 5. IF MARRIED, WIDOWED, OR DIVORCED HOSAND OF (OR) WIFE OF ARCH SECURITY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS 10. DAYS 11. TESS than 1 to have occurred on the date stated above, at 1 the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular lawyer, bookkeeper, etc. 12. BIRTHPLACE (CITY OR TOWN) 13. NAME ALEGA & A
Divosce (worked the world) 5. If MARRIED, WIDOWED, OR DIVORCED WISHER OF ARCHITICAL CONTROLLAR AND YEAR OF 29 193/ 1. AGE YEARS MONTHS DAYS II LESS than 1 3 9 9 15 15 18 1 awarded at the worked at worked at which work done, as spinner, as still mill, or work was token as still mill, or work with some as still mill, which we would be a sti
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ARLE SELECTIFY That I attended deceased from 5b. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 . AGE 8 . Trade, profession, or particular body of the control of the control of the date stated above, at . It. 8 . Trade, profession, or particular body of the control of the cont
59. IF MARRIED, WIDGWED, OR DIVORCED HUSBAND WIDGWED, OR DIVORCED HUSBAND WIDGWED, OR DIVORCED HUSBAND 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS 7. AGE YEARS MONTHS 9 9 11 LESS than 1 12 13 14 15 15 17 18 18 18 18 18 18 18 18 18
HUSBANDOF Jame Bearrs Anderson 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) James 15 19 1 7. AGE YEARS MONTHS DAY, AND YEAR AND YEAR DAY, JAMES HAND I day occupation. 8. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silts mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silt mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silt mill, seawer, Bookkeeper, etc. 9. Trade, profession, or particular kind of work done, as silt mill, seawer, Bookkeeper, etc. 10. Date deceased last werked at the profession in the particular kind of work was due to external causes (violence), fill in also the following: 12. BURIAL CREMATION, OR REMOVAL PLACE (CITY OR TOWN) 13. UNDERTAKER 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN HAME 16. BURIAL CREMATION, OR REMOVAL PLACE (CITY OR TOWN) 17. INFORMANT HAS SAME AND
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. 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, ste 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME ALLEGO COUNTRY) 15. MAIDEN NAME FIGURE OF BIRTH (MONTH, DAY, AND YEAR) AND THE principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importa
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. ASE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min 8. Trade, profession, or particular kind of work done, as spinner, saw mill, bank, etc. 10. Date decessed last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME AULIAN 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME FACE Balvany Benefity Date Of 16. 17. INFORMANT INFORMANT INFORMANT INFORMANT INFORMANT II. BURIAL, CREMATION, OR REMOVAL PLACE Balvany Benefity DAYS If LESS than 1 the principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Authority the principal cause of death and related causes of importance were as follows: Au
7. AGE YEARS MONTHS PAYS II LESS than 1 day, hrs. hrs. with a profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 8. 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 at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) Spent in this occupation. 13. NAME Assessed is started as the spin occupation. 14. BIRTHPLACE (CITY OR TOWN) Spent in this occupation. 15. MAIDEN NAME Stocked
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Solving & Constitution (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Major Solving Solv
8. Trade, profession, or particular individual with done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL FLACE BALLOWAY 18. BURIAL, CREMATION, OR REMOVAL FLACE BALLOWAY 19. UNDERTAKER 10. Date of my control of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? The manual of the particular indicates or injury in any way related to occupation of deceased? Th
Section of the control of the cont
12. BIRTHPLACE (CITY OR TOWN) 13. NAME Soleing & Canolina State of Country) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PLACE (CANORESS) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of injury 10. Date of injury 11. Little of injury 12. Date of injury 13. Name of operation Name
12. BIRTHPLACE (CITY OR TOWN) 13. NAME Soleigo & Gindria 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PLACE (CADDRESS) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of injury 12. BIRTHPLACE (CITY OR TOWN) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of injury 10. Undertaker 11. Was disease or injury in any way related to occupation of deceased? 11. Was disease or injury in any way related to occupation of deceased? 11. Was disease or injury in any way related to occupation of deceased? 11. Was disease or injury in any way related to occupation of deceased? 12. Was disease or injury in any way related to occupation of deceased? 13. Undertaker 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL 19. UNDERTAKER
12. BIRTHPLACE (CITY OR TOWN) 13. NAME Soleing & Canolina State of Country) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PLACE (CANORESS) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of injury 10. Date of injury 11. Little of injury 12. Date of injury 13. Name of operation Name
12. BIRTHPLACE (CITY OR TOWN) 13. NAME Soleing & Canolina State of Country) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PLACE (CANORESS) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of injury 10. Date of injury 11. Little of injury 12. Date of injury 13. Name of operation Name
12. BIRTHPLACE (CITY OR TOWN) 13. NAME Steins E Classification 14. BIRTHPLACE (CITY OR TOWN) State or COUNTRY) 15. MAIDEN NAME Stolaus State or COUNTRY) Stolaus State or Country Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Stolaus State or Country Specify whether injury occurred in industry, in home, or in public place. 18. BURIAL, CREMATION, OR REMOVAL PLACE State or State
(STATE OR COUNTRY) 13. NAME Aslenge & Analysis of State Or Country) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) (ADDRESS)
13. NAME Solving & Analysis & Ana
23. If feeth was due to external causes (violence), fill in also the following: Accident, suicide, or hospitally of Where did injury occurred in industry, in home, or in public place. 17. INFORMANT PLACE (CITY OR TOWN) 18. BURIAL, CREMATION, OR REMOVAL PLACE Balvary besides, and the feeth of the feet
23. If feeth was due to external causes (violence), fill in also the following: Accident, suicide, or hospitally of Where did injury occurred in industry, in home, or in public place. 17. INFORMANT PLACE (CITY OR TOWN) 18. BURIAL, CREMATION, OR REMOVAL PLACE Balvary besides, and the feeth of the feet
23. If feeth was due to external causes (violence), fill in also the following: Accident, suicide, or hospitally of Where did injury occurred in industry, in home, or in public place. 17. INFORMANT PLACE (CITY OR TOWN) 18. BURIAL, CREMATION, OR REMOVAL PLACE Balvary besides, and the feeth of the feet
16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT AND
Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT May Company Company Company Manner of injury Manner o
Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT May Company Company Company Manner of injury Manner o
Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT May Company Company Company Manner of injury Manner o
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Classification DATE Oct 36 19. UNDERTAKER (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS)
PLACE Balway besouth DATE Oct 16 19. UNDERTAKER (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS)
19. UNDERTAKER (Appers) 19. UNDERTAKER (Appers) (Appers)
19. UNDERTAKER 2 2 4. Was disease or injury in any way related to occupation of deceased? 10. If so, specify 11 so, specify 12 constant 12
(ADDRESS)
(Signed) , M. D.
20. FILED 193/ Tyg. 9. Slock access (Address) (Address)
Architecture

7	1		_
	•		
		•	
		•	
			: