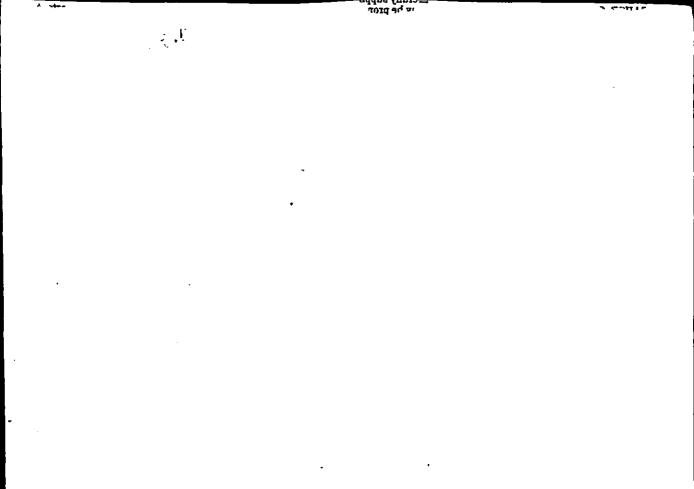
40000 -A	BUREAU OF	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH	Do not use this sp	
1. PLACE OF DEATH		1057	740000	7—
County Township		ilon District No. 6214	Registered No.	
City Phone	M (No	Messer	St.	w
2. FULL NAME (a) Residence, No.	J. S. Kaller V. W. S.	St., Ward.		
(Usual place of abode) / Length of residence in city or town where d	eath occurred fyrs mos	<i>V</i>	nresident, give city or town a reign birth? yrs. n	nd State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (torito the word)	21. DATE OF DEATH (MONTH, DAY, A	ID YEAR)	
	Jufount	2. I HEREBY CERT	IFY, That I attended of	deceased
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	1-1-4	, 19		
(OR) WIFE OF	12 11 102	I last saw h alive on	-	Death
F. AGE YEARS MONTHS	DAYS If LESS than	to have occurred on the date stated. The principal cause of death and re		ere as f
	28 day,hrs			Date
8. Trade, profession, or particular kind of work done, as spinner,				
Bawyer, bookkeeper, etc				
9. Industry or business in which work was done, as slik mill, saw mill, bank, etc		2000		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory causes of imports	nce:	
12. BIRTHPLACE (CITY OR TOWN)	and City			
W 13. NAME Alan D	Lancensen			
F C	1 The state of the	Name of operation		
4 14. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	Kila -	What test confirmed diagnosis?		
T IS. MAIDEN NAME Story	11 Mac Alam	23. If death was due to external cau Accident, suicide, or homicide?	•	
16. BIRTHPLACE (CITY OR TOWN)		Where did injury occur?(Sp.		
(STATE OR COUNTRY)	7) m	Specify whether injury occurred in in	cuy city or town, county, and dustry, in home, or in public [	r state) place.
17. INFORMANT STAY OF THE CADDRESS OF THE CADD	talkungon	Manner of injury		**************
18. BURIAL, CREMATION, OF REMOVAL	ha /	Nature of injury		
mice Whill blom.	DATE // U.S	24. Was disease or injury in any way		
19. UNDERTAKER (ADDRESS)	the line.	If so, specify		
20. FILED	-110	1		
	Registrar.	~	<b>4</b> ,	



LAW	MISSOURI STATE BUREAU OF V CERTIFICA	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.			
OCCUPATION IS VELY IMPORTATION PLETE AS PRESCRIBED BY LAW	1. PLACE OF DEATH  County				
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLE	PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED WIDOWED, OR DIVORCED (wrist the word)  5X. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1 day,hrs. ormin.	MEDICAL CERTI 21. DATE OF DEATH (MONTH, DAY, AND 22. I HEREBY CERT  I last saw h	FICATE OF DEATH  OYEAR) How 15 , 1931  FY, That I attended deceased from , 19		
	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 occupation)  12. BIRTHPLACE (CITY OR TOWNS)  13. NAME  14. BIRTHPLACE (CITY OR TOWNS)  14. BIRTHPLACE (CITY OR TOWNS)  15. TATE OR COUNTRY)		Throat !		
	15. MAIDEN NAME PLANYS DON DONN 16. BIRTHPLACE (CITY OR TOWN). 17. INFORMANT SOME COUNTRY) 18. BURIAL GREMATION, OF REMOVAL PLACE TO SMALL CREMATION, OF REMOVAL OF LONG SOME COUNTRY DATE NOW 16, 1,3  19. UNDERTAKER LAGA C. Dungles (ADDRESS)  20. FILED M. Ch. 10, 19. 32 Fr. M. MICK Registrar.	Accident, suicide, or homicide?  Where did injury occur?  (Specify whether injury occurred in ind  Manner of injury.  Nature of injury.  24. Was disease or injury in any way  If so, specify.  (Signed).  A. J. J. J.	Date of injury, 19		

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