APR 28 1928

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

Do not use this space.

		02		0.004	
	1. PLACE OF DEATH			9221	
	County Marces	Registration Distri		File No	
6	Township John Primary Registrat		on District No. 5-7 3 5	Registered No7	
City (No.				St	ard)
	2. FULL NAME HERRY Th Thom	4			
	(a) Residence, No(Usual place of abode)	St	., Ward.	***************************************	······
	Length of residence in city or town where death occurred	/ yrs mos.		nresident, give city or town and State reign birth? yrs. mos.	e) da.
_	PERSONAL AND STATISTICAL PARTI	CULARS	A MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3- 9 . 1932		
FAIR WAR MARKET				IFY, That I attended deceased	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF			March 9, 1932, 10		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FAM 21- 1857			I last saw h. M.L. slive on Mouch		is said
/1			to have occurred on the date stated	shove, at 6 Pm.	
7. /	AGE YEARS MONTHS (DAYS	If LESS than 1 day,brs.	$A \cap A$	ated causes of importance were as fo	llows:
	_ 75 / 78_	ormin.	In Juinga	Ma	sc.
,	8. Trade, profession, or particular kind of work done, as spinner,			, S	32
٥	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 occupation		0131 1	FA B	
ξĺ			II R	CA N	
5			11016	<i>[]</i>	
8			Other contributory causes of imports	nce:	
!			10	N Oct	
12. BIRTHPLACE (CITY OR TOWN) The Society Conference (STATE OR COUNTRY)			Whomic !	lephrous-	
			l/		
I 13. NAME & Travels		Name of operation	Date of		
PATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	V	What test confirmed diagnosis?		
	(SIATE DROUMINT)		23. If death was due to external caus	es (violence), fill in also the following	; :
ОТНЕВ	15. MAIDEN NAME Luci da Kolrson		Accident, suicide, or homicide?	Date of injury	9
5	16. BIRTHPLACE (CITY OR TOWN)		Where did injury occur?	cify city or town, county, and State)	
(STATE OR COUNTRY)			Specify whether injury occurred in in-		
17.	INFORMANT TO THE STATE OF THE S	7	1		•••••
1.0	BURIAL CREMATION, OR REMOVAL	mo	Manner of injury		*******
PLACE Steller Care DATE 3-12 1932					
	9/2/4 60 C.	(13.22)	1 . 77	related to occupation of deceased?	*******
19.	UNDERTAKER (ADDRESS)	me me	(Signed) 6 hus H	Julonth 1	
20.	FILED Mar 18 1932 Same a. le	arner	(Address)	umo //o	и. D.

