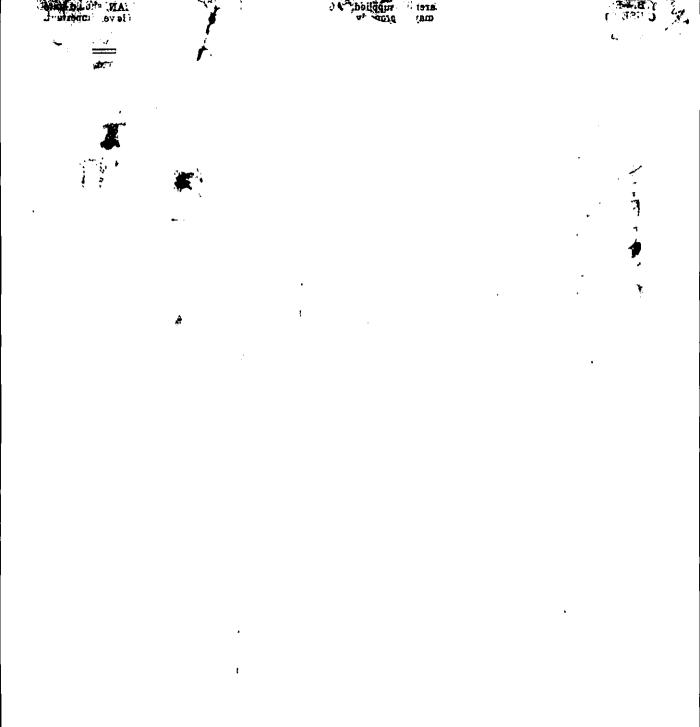
		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
4	1. PLACE OF DEATH 2. County Henry Township Windsor	Primary Registration District No.	File No
7	2. FULL NAME Mrs Mat (a) Residence, No(Usual place of abode) Length of residence in city or town where death	(11	nonresident, give city or town and State
	PERSONAL AND STATISTICA	L PARTICULARS / MEDICAL CER	RTIFICATE OF DEATH
3.	sex 4. color or race 5. sin	IGLE, MARRIED, WIDOWED, OR PACED (19716 the work) 21. DATE OF DEATH (MONTH, DAY, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
54	A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Carl Hoep	mer 19 ,19	TIFY, That I attended deceased
" —	DATE OF BIRTH (MONTH, DAY, AND YEAR)	b.17-1854 to have occurred on the date state DAYS If LESS than 1 The principal cause of death and	d above, at 200 m. related causes of importance were as fo
	78 10	11 day,	Lumpun Date of 12-
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner. Retisaryer, bookkeeper, etc	red H. Wife 11. Total time (years) spent in this occupation Other cantributory causes of impo	rtince:
12	BIRTHPLACE (CITY OR TOWN). German (STATE OR COUNTRY)	У 10	
品品	13. NAME Vm Moore	Name of operation	
FATHE	14. BIRTHPLACE (CITY OR TOWN)	many What test confirmed diagnosis?	Was there an autopsy?
HER	15. MAIDEN NAME Unknown	Accident, suicide, or homicide?	nuses (violence), fill in also the following
MOT	16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur?	Specify city or town, county, and State) industry, in home, or in public place.
II	INFORMANT Frank Hoappne (ADDRESS) Windsor Misso		industry, in nome, or in public piace.
18,	BURIAL, CREMATION, OR REMOVAL. PLACE Windsor Mo.		ay related to occupation of deceased?
19.	. UNDERTAKER(ADDRESS)	If so, specify	Jennings-
20	. FILED	Registrar. (Address)	into my



, see	BUREAU OF V	BOARD OF HEALTH /ITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLE FOR MUST BE WRITTEN O THIS SUPPLEMENTARY.
1. PLACE OF DEATH County JUNE ASSOCIATION		ict No. 14	File No
(Usual place of abode) Length of residence in city or town where	death occurred yrs. mos.	t., Ward. (If nor	nresident, give city or town and State) eign birth? yrs. mos. ds
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND 22. I HEREBY CERT	IFY, That I attended deceased fr., to, 19.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the tree stated a The principal cause of dealtr and rela	above, at
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	11. Total time (years) spent in this	Other contributory causes of importan	
12. BIRTHPLACE (CITY OR TOWN)		Name of operation	Date of
(STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?(Spec Specify whether injury occurred in ind	
18. BURIAL, CREMATION, OR REMOVAL PLACE	DATE	Manner of injury	related to occupation of deceased?
(ADDRESS) 20. FILED	munto // Registrar.		, м.

5-39398