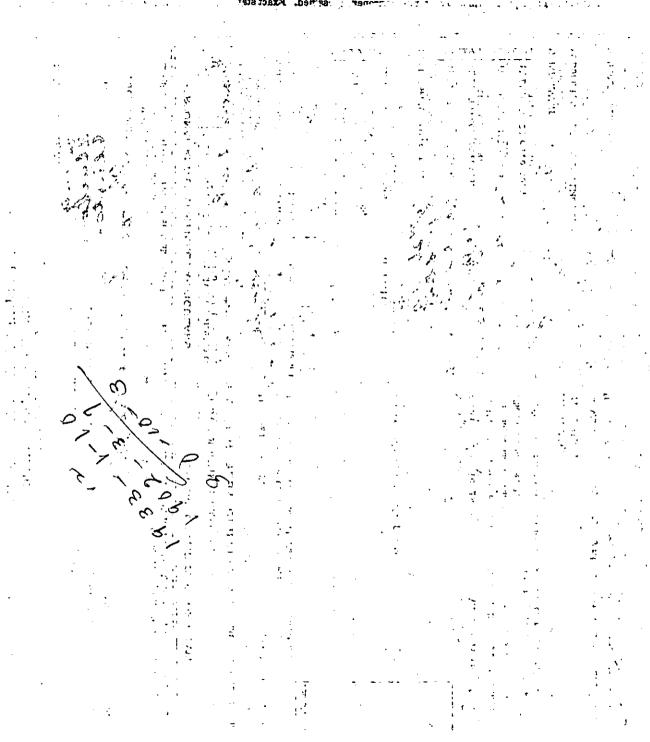
	MISSOURI STATE BOARD BUREAU OF VITAL STA CERTIFICATE OF DEA	TISTICS
,	1. PLACE OF DEATH County Registration District No	3 4 7 3 0 1 8 File No. Registered No. 12 7 St. Ward)
Les of the constitution of the content of the conte	2. FULL NAME (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. F	Ward. (If nonresident, give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF	MEDICAL CERTIFICATE OF DEATH DEATH (MONTH, DAY, AND YEAR)
	Semala White Married 22. 1 H 5a. If MARRIED, WIDOWED, OR DIVORCED 1 71 1/6 0 M.	IEREBY CERTIFY, That I attended deceased from U.J. 12, 1930, to 1/0/1933 Death is said
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) $3-7-1902$ to have occur	irred on the date stated above, at
	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.	static Memoria
	saw mill, bank, etc	1113) butory rauges of importance: Chlaric haisting
2	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
		oration
. 61	15. MAIDEN NAME Lorena Jones 23. If death Accident, sui	was due to external causes (violence), fill in also the following: cide, or homicide? Date of injury, 19 jury occur?
	Specify whet	(Specify city or town, county, and State) her injury occurred in industry, in home, or in public place.
	18. BURIAL, CHEMATION, OR REMOVAL	ury
	19. UNDERTAKER Sitte States Bone II so, specify (ADDRESS) (Signed)	N.S. Hallingener M.D.
	20. FILED — 1933	dress) (Mo.



	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALLE FOR MUST BE WRITTEN O THIS SUPPLEMENTARY.	
	PLACE OF DEATH County Township (No.	Registration Distri	n District No. 301	Mile No
	(a) Residence, No	St	,Ward.	(II nonresident, give city or town and State) ., if of foreign birth? yrs. mes. d
	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL	CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE 5. SINGLE. MAP	RRIED, WIDOWED, OR write the word)	21. DATE OF DEATH (MONT	H, DAY, AND YEAR) an 10 - ,19 CERTIFY, That I attended deceased fr
· +	ARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR) WIFE OF			
6. DATE	E OF BIRTH (MONTH, DAY, AND YEAR)		to have occurred on the	atered above, at
7. AGE		If LESS than 1 day,hrs. ormin.	The principal cause of deal	pand related causes of importance were as follo
OPATIO 9.	this occupation (month and st	al time (years) pent in this proportion	Other contributory causes o	1 importance:
(51	THPLACE (CITY OR YOWN)		Bichlon	d posoning
E	NAME BIRTHPLACE (CITY OR TOWN)		, ·	Date of
<u>g</u>	(STATE OR COUNTRY) MAIDEN NAME	*	1	ernal causes (violence), fill in also the following:
16. 1	BIRTHPLACE (CITY OR TOWN)		Where did injury occur? Specify whether injury occu	(Specify city or town, county, and State) rred in industry, in home, or in public place.
(AC	DRMANT DDRESS)		Manner of injury	
	RIAL, CREMATION, OR REMOVAL			
l —	ERTAKER DATE	19	1	any way related to occupation of deceased?
	DORESS)	elor	/	

5-1133