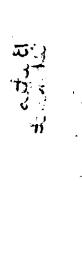
state rtant.		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space.
ould	Z C C C C C C C C C C C C C C C C C C C	1. PLACE OF DEATH	49	15659
SSP		County Registration Distriction	on District No. 5077	File No
		City(No	_	St
າ ທ⊃	7	2 FULL NAME Guarne arnold		
HEY PAT	בו בו	(a) Residence, No	.,	resident, give city or town and State)
YEN! TLY.		(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of for	
- 0-	Exact statement of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
EXA		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, ANI	YEAR) MAN 9 . 1933
T after T		male white to	194 / 4	IFY, That I attended deceased from
v pe st		5A, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	///ay 9 - 19.3	3, to May 9 , 19 33 Death is said
S E		6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw h MM alive on MY Q M to have occurred on the date stated a	
Sho Sho		7. AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and rela	ated causes of importance were as follows:
INKTH I. AGE sh		84 3 4 9 day,hrs. ormin.	Braucho Pre	imanici fell
ਵ ਦੂ		8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	1077 10	days they
DING IN		kind of work cone, as spinner, Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill,	7/ 11/	I Jeath
ADI Iysu	1	Saw mill, Dank, etc	100111	
carefully		0 this occupation (month and spent in this occupation	Other contributory causes of importan	utia Diane
F CB	### 2	12. BIRTHPLACE (CITY OR TOWN)	and litterio sale	rosis (general years
WITH ald be ca		(STATE OR COUNTRY)	7.2	. 20 . [1]
Shoul	6	13. NAME Section of B Unold 14. BIRTHPLACE (CITY OR TOWN) 10 had	Name of operation	Date of
tion	CAUSE OF DEATH in plain terms,	14. BIRTHPLACE (CITY OR TOWN) 12-		es (violence), fill in also the following:
PLAIN rmation		H 15. MAIDEN NAME TONG FORTH	Accident, suicide, or homicide?	, Date of injury, 19
TE		16, BIRTHPLACE (CITY OR TOWN)	Where did injury occur?(Specify whether injury occurred in inc	cify city or town, county, and State)
WRIT em of i		17. INFORMANT Sizel Arnold		
y it		(AODRESS) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Evel		PLACE Craseemt Hill DATE Mary 10 1833	24. Was disease or injury in any way	70.0
96	100	19. UNDERTAKER Coulors	If so, specify	
z	5	20. FILED 5-/13, 19.3.3 Ly Many old	(Signed) (Address)	YY. C.
		Registrar.		
		<u> </u>		



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