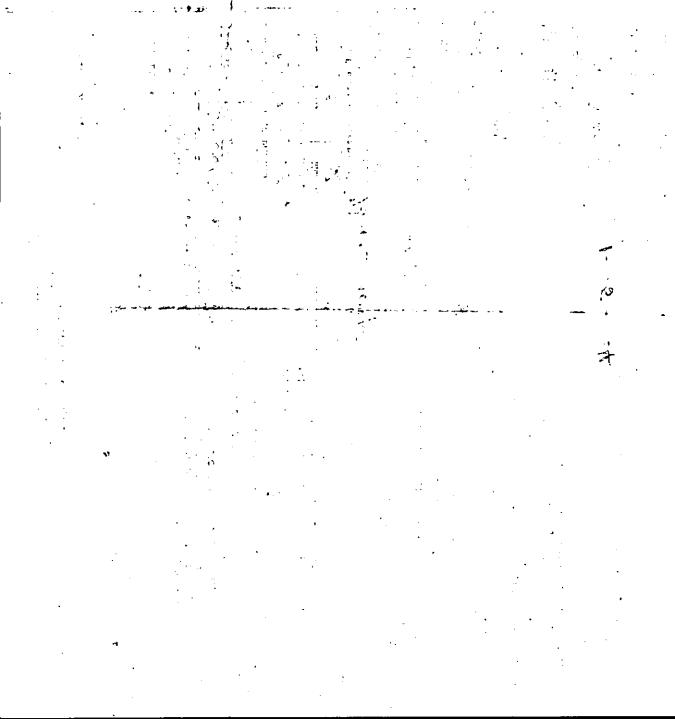
EB27 1934 1. PLACE OF DEATH County A suggestion Township City	BUREAU OF V	m/23	Do not use this spring to the spring of the No. Registered No. 12	1
2. FULL NAME		ds. How long in U. S., if of for		d State) os. ds.
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married DAYS 16 LESS than 1 day,	21. DATE OF DEATH (MONTH, DAY, AND 22. I HEREBY CERT 23.0 193. Liast saw high alive on the days stated a The principal cause of death and relative of the stated a Wholley	That I attended di y to your 239 281, 1934.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory causes of importan	ice:	
(STATE OR COUNTRY) THE STATE OR COUNTRY) 13. NAME // STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME // STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	plemans in prebroid Johnson	What test confirmed diagnosis? 23. If death was due to external cause Accident, suicide, or homicide?	es (violence), fill in also the fo	sy?
17. INFORMANT AND	DATE 1-25 34 Linersuggen W. Broce Klei Registrar.	Specify whether injury occurred in ind Manner of injury Nature of injury 24. Was disease or injury in any way r 1f so, specify (Signed)	ustry, in home, or in public pl	ace.

Z.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF BEATH County a ayette Registration District No. 460 Primary Registration District No. 12. Registered No..... (No..... St. Ward City.....St.. (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED to have occurred on the 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) te stited above, at.....m. The principal cause MONTHS DAYS If LESS than 1 day,hrs. ormin. 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, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year).... occupation Name of operation..... Date of What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?.... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury.... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... W. 6 Vr. 80

Registrar.

Township

HUSBAND OF (OR) WIFE OF

YEARS

12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)

15. MAIDEN NAME

14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)

16. BIRTHPLACE (CITY OR TOWN)...

(STATE OR COUNTRY)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

13. NAME

17. INFORMANT.... (ADDRESS)

19. UNDERTAKER (ADDRESS)

20. FILED.

5-1731