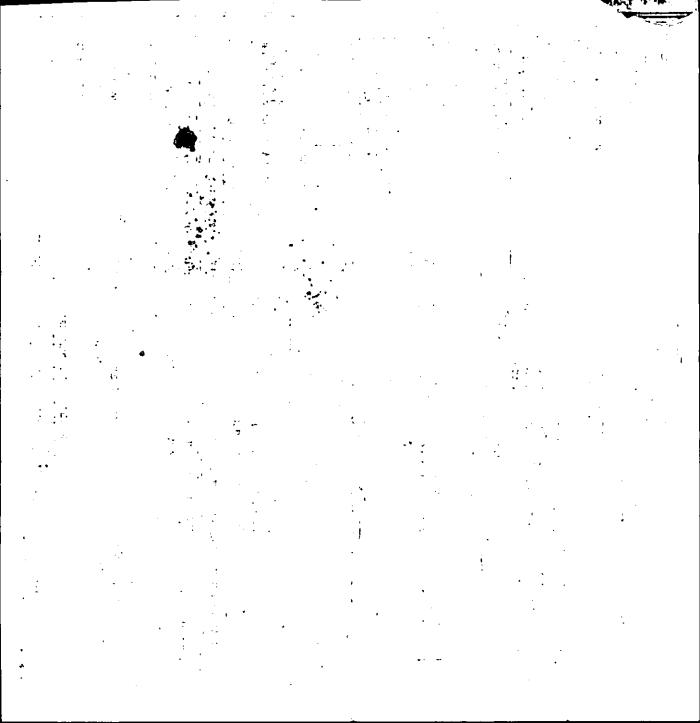
	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
3	1. PLACE OF DEATH County Registration Distriction Dis	. 77. 1/
	(a) Residence, No	(If nonresident, give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ربن بل	PERSONAL AND STATISFICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Which The Married, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sunder Laybett Butter 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 7. AGE 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. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 193 to 193 Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred on the date stated above, at 1.3 Day Death is said to have occurred under the date of importance were as follows: Date of onset Name of operation Date of Date of injury Date of injury occurred in industry, in home, or in public place.
	17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER (ADDRESS) 20. FILED 19. UNDERTAKER (ADDRESS) 20. FILED 20. FILED 20. Registrar.	Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed). (Address). (Address).



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 DEATH 2253 Registration District No..... Primary Registration District No.5 Registered No. City..... (a) Residence, No. (Usual place of abode (If nonresident, give city or town and State) COMPLETED Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mos PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, //hat I attended deceased from **5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF** THEY (OR) WIFE OF I last saw h alive on 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE If LESS than 1 YEARS MONTHS DAYS day,brs. Date of seast ormin. Trade, profession, or particular kind of work done, as spinner, ATION 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 11. Total time (years) spent in this this occupation (month and r contributory causes of importance: year)..... occupation... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 28. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT.... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL V Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER. (ADDRESS) (Signed)..... 20. FILED (Address) Registrar.

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