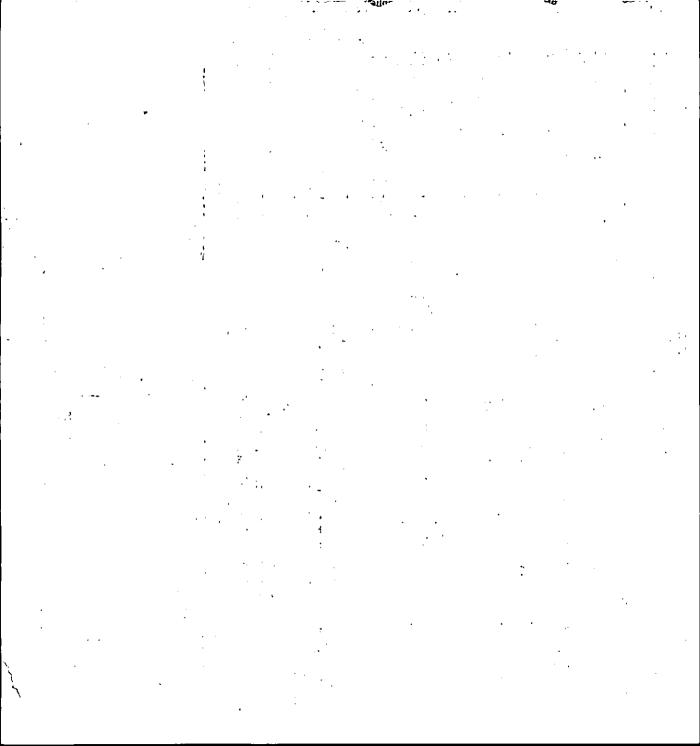
MAY 25 1934 MISSOURI STATE BOARD OF HEALTH Do not use this space. Exact statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DEATH Primary Registration District No..... Registered No..... (a) Residence, No... (Usual place of abode) (If nonresident, 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. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 3 4 DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from March 10 ,1934 to march 20 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF I last saw h. A.V. alive on..... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.brs. 80 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. 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... year) 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) What test confirmed diagnosis? Zwww Was there an autopsy? 40 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 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) 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 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..... (Signed) Registrar.



| | BUREAU OF V | BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH ALL INFORMATION CALL FOR MUST BE WRITTEN C THIS SUPPLEMENTARY. |
|---|---|--|
| 1. PLACE OF DEATH County Juliua Township Juliua City | | ict No. 832 File No |
| '2. FULL NAME | | ., Ward. (If nonresident, give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 /0 . 19 |
| 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | hig. | 22. I HEREBY CERTIFY, That I attended deceased |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | to have occurred on the date street above, at |
| 7. AGE YEARS MONTHS | DAYS If LESS than I day,hrs. ormin. | The principal cause of death and related causes of importance were as followed by the following the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of death and related causes of importance were as followed by the principal cause of the principal cause |
| 8. Trade, profession, or particular kind of work done, as sphner, sawyer, bookkeeper, etc | | Jacobladder lung |
| work was done, as sink milt, saw mill, bank, etc | 11. Total time (years) spent in this | Other contributory causes of importance: |
| 12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) | | myseuridated |
| 13. NAME | — * * * * | Name of operation Date of |
| 14. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) | \sim | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 1 15. BIRTHPLACE (CITY OR TOWN) | 101 | 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? |
| S (STATE OR COUNTRY) | \mathcal{I} | (Specify or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. |
| 17. INFORMANT(ADDRESS) | | Manner of injury. |
| 18. BURIAL, CREMATION, OR REMOVAL | nutr (* | Nature of injury |
| 19. UNDERTAKER | DATE,19 | 24. Was disease or incury in any way related to occupation of deceased? |
| 20. FILED June 9 134 Cles | Hagan | (Signed) Mlaw , M |

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