MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH 19981 County Dont Registration District No. Township Snringereal Registered No. T.i mm Addlemen פיר 2. PULL NAME..... (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. 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) 6/28/34 DIVORCED (write the word) female white married I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Limm Addleman . AGE should be classified. Exact (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 to have occurred on the de 1229 The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day.hrs. 6 5 ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... supplied. properly cl Housewffe 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... carefully it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and that it may occupation... year)..... Dent Co 12. BIRTHPLACE (CITY OR TOWN).... (STATE OR COUNTRY) information should in plain terms, so th Welker Fermison 13. NAME 14, BIRTHPLACE (CITY OR TOWN) Tonn (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Amanda Jadwin 15. MAJDEN NAME Accident, suicide, or homicide? Date of injury 19 Where did injury occur?.... --Dent Co (Specify city or town, county, and State) 16, BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. Iimm A∂∂lemen 17 INFORMANT Salam (ADDRESS) Manner of injury..... IB. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury a any way related to occupation of deceased? If so, specify 19. UNDERTAKER (ADDRESS) (Signed) (Address

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS -

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

WASHINGTO	ON	1/7
Dear Sir:	•	* /
It is essential that death certificat	es be complete in every partic	ular in or-
der that proper classification may be made. You are therefore requested to make		
every effort to obtain the following inform		
from the death certificate.		,
		<i>(</i>
" Man d'imana (1 d	10	
Name: ////	on June 28 -	1495
Who died at	on yune do -	724
Name: Mrs dimm Ud Who died at Residence: No.	_St	
	(If nonresident, city or town	ι)
Length of residence in city or		
town where death occurred: Years	MonthsDays	
Sex 7 Color or race W Single,	married, wi dowe d or divorced:	
	•	•
Date of birth Age:	Vears 4 4 Months 6 Da	vs 5
batte of birthago.	10418	\
Occupation: (a) Music mustagain on	(h) Industry or business in w	hich \
Occupation: (a) Trade, profession, or	(b) industry or business in w	11 2
particular kind of work done, as spinner,	work was done, as slik mi	11
sawyer, bookkeeper, etc.	saw mill, bank, etc.	7 \ 8
Date deceased last worked at this occupation	on: MonthYear	
Birthplace (State or country)		
Birthplace of father (State or country)		
Birthplace of mother (State or country)		
Principal cause of death: The formula for the desired of the second of t		
(dreinone of Duest (Pt)		
Other contributory causes of importance are of duce		
Other contributory causes of importance		
Name of operationDate of		
What-test confirmed diagnosis? Was there an autopsy?		
If death was due to external causes (violence) fill, in also the following:		
Accident, suicide, or homicide?	Date of injury,	19
Where did injury occur?		
(Specify	city or town, county and State))
, ,	•	
Specify whether injury occurred in industry	v. in home, or in public place.	•
• • • • • • • • • • • • • • • • • • • •		
Manner of injury		
Nature of injury Was disease or injury in any way related to		
If so, specify		
Name of physician		
Address of physician		<u> </u>
Address of physician Signature of Registrar While information is cought for statistical purposes only and in order that the		
This information is sought for statistical purposes only and in order that the		
official report may be complete and correct. Please reply promptly using the en-		
closed official envelope which requires no		
·	Ware trule compa	مسد
Reg. Dist. No. 266	very truly yours,	. m.v
	- CUNDO The art A	, .

Very truly yours,

E. J. Me Gang L M.N.

Special Agent.

Primary Reg. Dist. No. 5370

Special Agent.

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