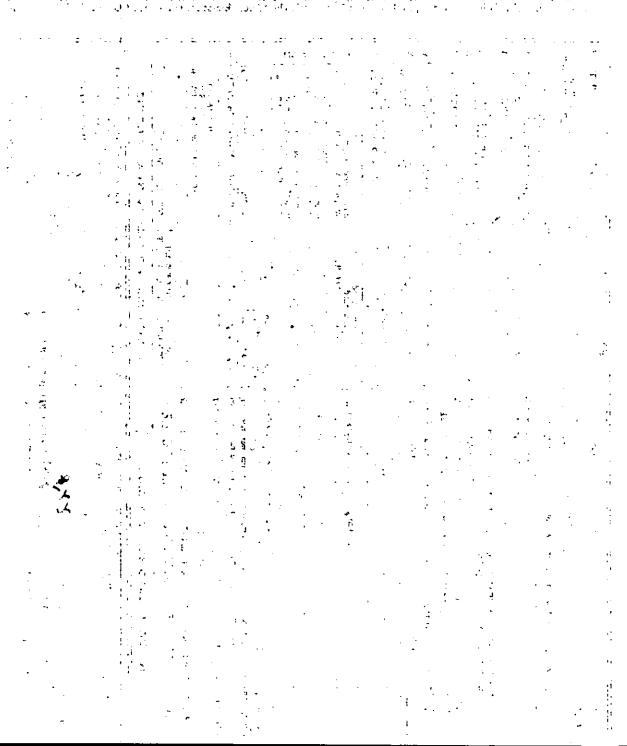
MISSOURI STATE BOARD OF HEALTH Do not use this space. NOV 14 1934 **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DEA 35488 Registration District No. Primary Registration District No. 40.9.5 Registered No..... (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mos. 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 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I last saw he sam alive on..... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 2 / m. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESA than 1 MONTHS day,brs. 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 Other contributory causes of importance so that it may occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) FATHER 13. NAME Name of operation. information shin plain terms, 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) -23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidef Date of injury 19...... Where did injury occur?..... (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) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury If so, specify. (ADDRESS)



া প্রত্যা । ১৯ জেলি প্রক্রান্ত স্থান প্রত্যা এ ১৯৮৮ - ১৯৮৮ সেইজরেক । ১৯৮১ সালের

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