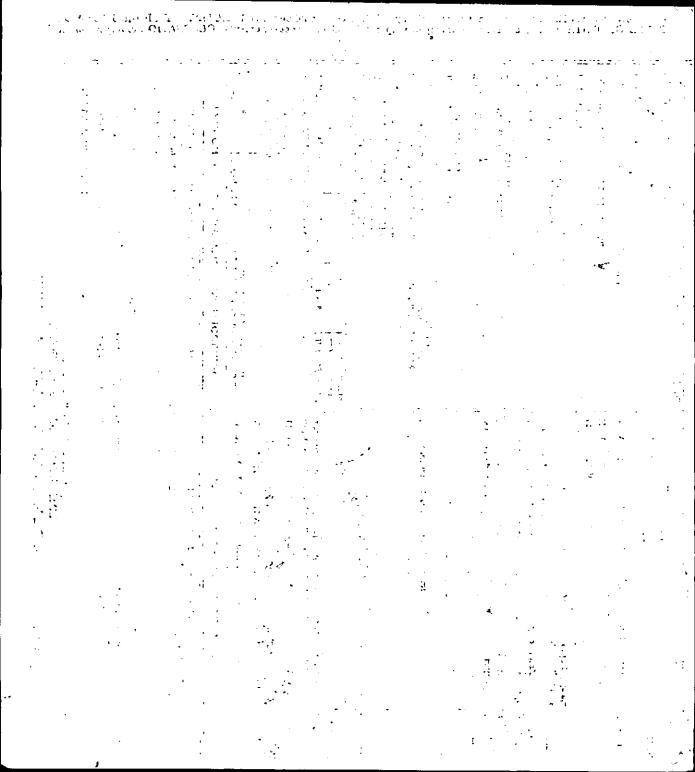
JUN 2 5 1935 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 136251. PLACE OF DEA Registration District No...... County Primary Registration District No..... 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 4 mos. How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write theyword) 22. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR-DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at, The principal cause of death and related causes of importance were as follows: N. B.—Every item of information should be carefully supplied. AGE sno CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE YEARS DAYS If LESS than MONTHS day, .....hrs or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Š 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 (vears) spent in this this occupation (month and Other contributory causes of importance: occupation.. year).... BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ATHER **13. NAME** Name of operation..... What test confirmed diagnosis?.... 14. BIRTHPLACE (CITY OR TOWN) Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?...... 16. 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, CREMAT Nature of injury..... 24. Was disease or injury in any way related to occupation of decease If so, specify..... 19. UNDERTAKER (ADDRESS) Registrar



	BUREAU OF \	BOARD OF HEALTH	Do not use this space.
1. PLACE OF DEATH	CERTIFIC	ATE OF DEATH	
County July Township	Registration Distr	on District No. 273	File NoRegistered No
City			St
2. FULL NAME	- /	Ward.	
Length of residence in city or town where do		(If non ds. How long in U. S., if of fore	resident, give city or town and Str eign birth? yrs. mos.
PERSONAL AND STATISTIC  3. SEX 4. COLOR OR RACE   5.	· · · · · · · · · · · · · · · · · · ·	MEDICAL CERTI	FICATE OF DEATH
m &	DIVORCED (write the word)	21. DATE OF DEATH (NONTH, DAY, AND 22. I HERERY CERT	FY, That I attended decease
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		, 19	., to
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		to have out and on the date stated a	, 19 Deat
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs. ormin	The principal chuse of death and rela	ated causes of importance were as
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc		Carre	www.
9. Industry or business in which work was done, as silk mill,			4
Saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time average spent it this coupaids	Other contributory causes of importan	ce:
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)			
I 13. NAME		Name of operation	Date of
14. BIRTHPLACE (CITY OR TOWN)	<b>)</b>	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME		23. If death was due to external cause Accident, suicide, or homicide?	Date of injury
STATE OR COUNTRY)		Where did injury occur?(Speci Specify whether injury occurred in indu	ify city or town, county, and State astry, In home, or in public place.
17. INFORMANT (ADDRESS)		Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL PLACE	DATE,19	Nature of injury	
19. UNDERTAKER		If so, specify	
(ADDRESS)	1	(Signed)	

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