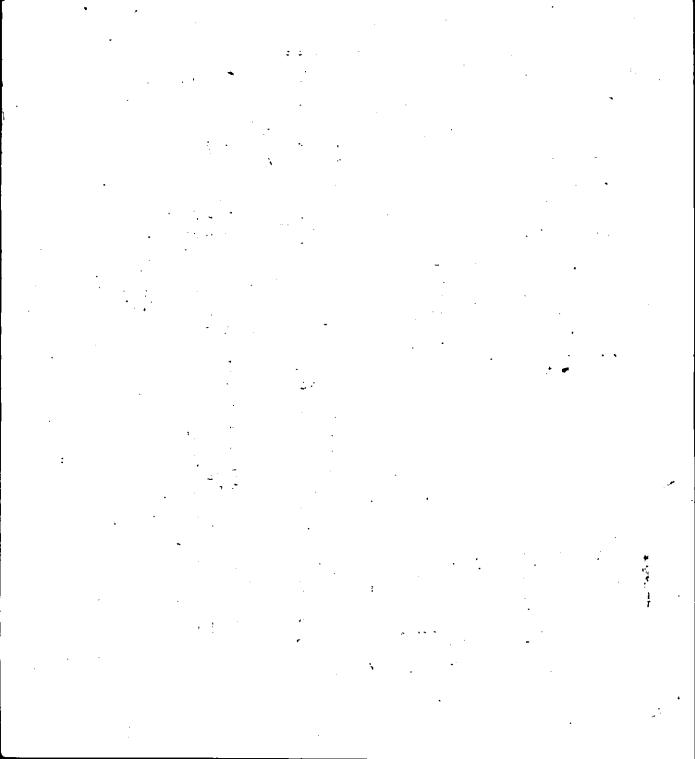
CUPATION is very important.	Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Callenges Registration District No. Primary Registration District No. City Scalence (No. 2. FULL NAME Land Jack Base Base Base Base Base Base Base Base		
N.B.—Every item of information should be carefully supplied. AGE should be stated I SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	10. Date deceased last worked at this occupation (month and spent in this occupation (month and year) 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) 17. BALLingue 18. MAIDEN NAME 19. BALLingue 19. BALLingue	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That Intended deceased from 19 1. I last saw hard alive on 19 1. I last saw hard alive on 19 1. The principal cause of death and related causes of importance were as follows: Date of anset Other contributory causes of importance: Name of operation What test confirmed diagnosis? Was there an autopay? 23. If death was due to external causes (folepce), fill in also the following: Accident, suicide, or homicided (19 1) and the following: Accident, suicide, suicide, suicide, suicide, suicide, suicide, suicide, suicide, suici	



MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. Primary Registration District No. (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and S Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 10 - Q-m eg of thath and related causes of importance were as follows: MONTHS DAYS If LESS than 1 day,hrs. 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 imports year).... occupation. 14, BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis? as there an autopsy?..... 23. If death was due to external cause (yiolence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 5-1/ 19 36 Where did injury occur? M. Woods near Scopes at BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. on woods 24. Was disease or injury in any way related to occupation of deceased?...... Registrar.

1. PLACE OF DEATH

Clty....

HUSBAND OF (OR) WIFE OF

12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)

15. MAIDEN NAME

(STATE OR COUNTRY)

(STATE OR COUNTRY)

13. NAME

17. INFORMANT. (ADDRESS) 18. BURIAL, CREMATION.

19. UNDERTAKER (ADDRESS)

3. SEX

7. AGE V

CCUPATION

ATHER

5-1557

JUL 1 1935