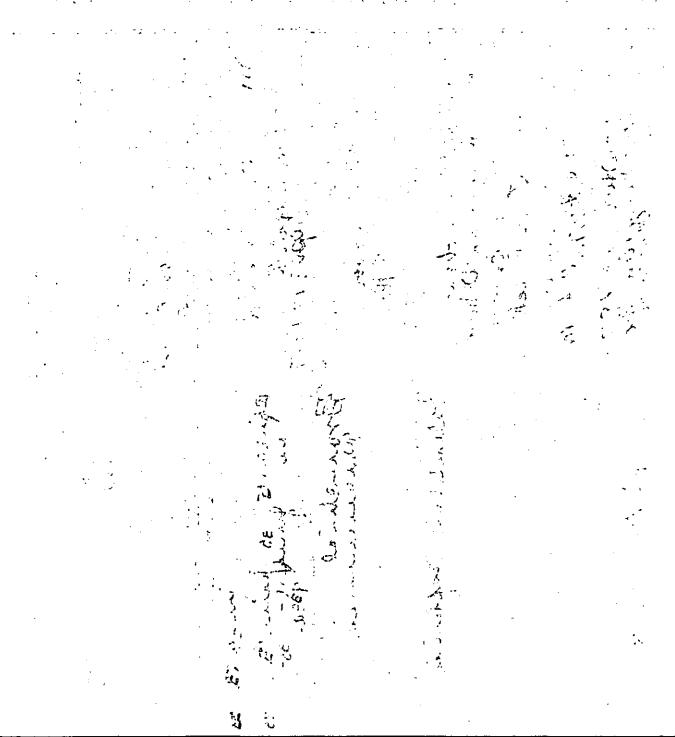
stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important.	BUREAU OF V CERTIFICA  1. PLACE OF DEATH Pettis  County Registration District  Township Primary Registration  City Sealake (No. 1400 E. 3)  2. FULL NAME HONY Jackson W	on District No. 3.0.3. Registered No. 6.6.8  St. Ward)  Keelle  Ward.  (If nonresident, give city or town and State)
EXACT sent of O	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (MONTH, DAY, AND YEAR)
AGE should be classified. Exact	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF DICUL CLABOTH Wheele  6. DATE OF BIRTH (MONTH, DAY, AND YEAR OF L. 13 1837  7. AGE YEARS MONTHS DAYS If LESS than 1 day,	I last saw h Late and the date tated above, at 130 m.  The principal cause of death and related causes of importance were as follows  Date of onse
that it may be properly	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 this occupation (month and year)	Other contributory causing of importance:
5 8 ∑ '√	(STATE OR COUNTRY)  (A)  (STATE OR COUNTRY)  (STATE OR COUNTRY)	Name of operation. Date of.  What test confirmed diagnosis? Was there an autopsy?
OF DEATH in plain terms,	15. MAIDEN NAME Jine Deker  16. BIRTHPLACE (CITY OR TOWN) Unfernown  17. INFORMANT My Henry Wheeler	23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  Date of injury
CAUSE OF DEA	18. BURIAL, CREMATION, OR REMOVAL  PLACE LOWN HER DATE 6/15/3 5.19  19. UNDERTAKER M = Dang Allin Broz  (ADDRESS)  20. FILED June 15, 1935 June Slave Registrar.	Manner of injury.  Nature of injury.  24. Was disease or injury in any may related to occupation of deceased?  If so, specify.  (Signed).  (Address).



	OF VITAL STATISTICS
Township Primary Beg City Sedalille (No. )  2. FULL NAME HELLY FACE	District No. 668 Pile No. Registered No. St.  St.  Ward.
(Usual place of abode) Length of residence in city or town where death occurred yrs.	(If nonresident, give city or town and Sta mos. 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, DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) HAVE 13
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	22. HEREBY CERTIFY, That I attended decease, 19
(OR) WIFE OF	I lagt saw h alive on
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the date stated above, at
7. AGE YEARS MONTHS DAYS IT LESS THE	The principal cause of death and related causes of importance were as his.
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 this occupation (month and year) spent in this occupation.	Other contributory causes of importances
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
E 13. NAME	Moule
I	Name of operation
(SIATE OR COOKER)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide?
16. BIRTHPLACE (CITY OR TOWN)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT (ADDRESS)	Managed Islam
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER(ADDRESS)	(Signed) Dr. E. C. Snavelis

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