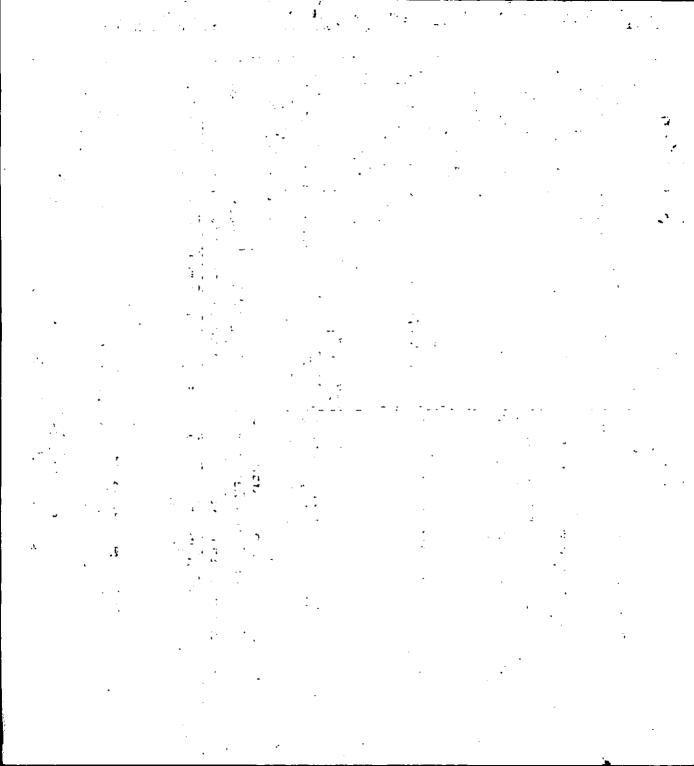
SEP 2 0 1935 SE			, gin: 26	
1. PLACE OF DEATH County Registration District No. Primary Registration District No. St. Ward. 2 Full. NAME County Registrated No. Primary Registration District No. St. Ward. (It courseldent, give city or town and Status) Length of readences in city or town where death occurred PRESONAL AND STATISTICAL PARTICULARS SEX. COLOR OR RACE 5. SINGLE MARRILD, WIDOWED. DINJORDED (Wife the word) SALE MARRILD, WIDOWED. OR DIVERS ON THE WIDOWED. OR DINJORDED (Wife the word) To AGE YEARS MONTHS DAY AND TEAM) A DATE OF DEATH (MONTH, DAY, AND TEAM) SALE Trinds, profession, or particular kinds of work close, as spinners, and with the word of the principal cause of death and related causes of importance. We have done, as all mill, are will, beard ones of the principal cause of death and related causes of importance. The principal cause of death and related causes of importance. We have done, as all mill, are will, beard ones of the principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principal cause of death and related causes of importance. The principa	6.1	MISSOURI STATE	· ·	
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8. Trade, pfotesion, or particular kind of work dose, as spinner, says as	p nodu u bodu	1. PLACE OF DEATH	25000	
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8. Trade, pfotesion, or particular kind of work dose, as spinner, says as	ATI		W. G.	
8. Trade, pfotesion, or particular kind of work dose, as spinner, says as	K. P		(If nonresident, give city or town and State)	
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8. Trade, plotesion, or particular kind of work dose, as spinner, sayer, booklesceper, etc. 8. Trade, plotesion, or particular kind of work dose, as spinner, sayer, booklesceper, etc. 9. Industry or business in which work was done, as spinner, sayer, booklesceper, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COLUMNEY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL PLACE (CITY OR TOWN) 18. BURIAL CREMATION, OR REMOVAL PLACE (CITY OR TOWN) 19. UNDERTAKER 19. UNDERTAKE	tem	Divorced (write the word)		
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8. Trade, pfotesion, or particular kind of work dose, as spinner, says as	hou.			
Accident, suicide, or homicide? Date of injury	3E s	7/ / day,hrs.	Dirition it a great of Date of onset	
Accident, suicide, or homicide? Date of injury	class	8. Trade, profession, or particular		
Accident, suicide, or homicide? Date of injury	lied.	Bawyer, bookkeeper, etc.	12 1	
Accident, suicide, or homicide? Date of injury	inpp ropi	work was done, as silk mill,		
Accident, suicide, or homicide? Date of injury	be p	10. Date deceased last worked at 11. Total time (years)		
Accident, suicide, or homicide? Date of injury	refr nay	year) occupation (month and spent in this	Other contributory causes of importances	
Accident, suicide, or homicide? Date of injury	titige ↓ † itige	12. BIRTHPLACE (CITY OR TOWN)	Fy a few Days	
Accident, suicide, or homicide? Date of injury	E t		I to for f	
Accident, suicide, or homicide? Date of injury	og s	LA SUPPLIED OF CONTROL AS A STATE OF THE STA		
Accident, suicide, or homicide? Date of injury	다 스트립			
Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 8 19 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (ADDRESS) 19. UNDERTAKER (Signed) (Signed) M. D.	ain	I 15. MAIDEN NAME Jarana Holan	· · · · · · · · · · · · · · · · · · ·	
17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE OF THE STREET	ii ii g		(Specify city or town, county, and State)	
PLACE PLACE DATE 8 - 119 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Consultation of deceased? (Signed) (Signed) M. D.	TH	7/	Specify whether injury occurred in industry, in home, or in public place.	
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19. UNDERTAKER Conclusion (Signed) 19. UNDERTAKER Conclusion (Signed) (Signed) (Signed)	very OF:		A	
(Signed) (Signed) M. D.		10 HINDEDTAKED PARA COLLAR (PROAS		
	A.B.		(Signed) M. D.	
Platt	6	20. FILED (Lug 19 19 35) G. A. Historian.	(Addross) f	
	and a	17	V	



	ALL INFORMATION CALLED
MICCOLDI CTAT	mmb MUST BE WRITTEN ON
MISSOURI STAT	E BOARD OF HEALTH
	VITAL STATISTICS
CERTIF	ICATE OF DEATH
1. PLACE OF PEATH	
County Meaning Registration Di	strict No. 33 Y
	6307
City	St
2 FULL NAME Yacab Inner h	·
(a) Residence, No. (Usual place of abods)	.St.,
	os. 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, OR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOIDED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Cug 9
UNI WI UN	I HEREBY CERTIFY, That I stended deceased
5A. IF MARRIED, WIDOWED, OR DIVORCED	, 19, to
HUSBAND OF (OR) WIFE OF	
	Death Death
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the date stated above, at
7. AGE YEARS MONTHS DAYS If HESS Man	- i
76 7 8 3 st. mil	
8. Trade, profession, or particular	- Variation of the second of t
9. Industry or business in which work was done, in tilk rail: saw mill; bank; etc	The yalum soy
9. Industry or business in which work was done, is tilk mill: saw mill bank ort.	Herried Sive work brown
sav mill, bank, ott.	couringed and fitter
10. Date deceased lath worked at 11. Total time (years) this deceased month and spent in this	and the same of th
occupation	Other contributory causes of importance:
12. BIRTHE ACE (CITY OR TOWN)	- sparkalaria a sew
(STATE OR COUNTRY)	- auga liefere /
T	
13. NAME	Name of operation
4 14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
(STATE OR COUNTRY)	
W LOS MANDEN MANAGE	23. If death was due to external causes (values), fill in also the following
15. MAIDEN NAME	Accident, suicide, or homicide?
16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur? (S. town, county, and State) Specify whether injury occurred in injurity in home, or in public place.
(STATE OR COUNTRY)	Specify whether injury occurred in indistry in home, or in public place.
17. INFORMANT	
(ADDRESS)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
PLACE DATE 19	II
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	If so, specify.
(ADDRESS)	(Signed) J. Campion , 1
20. FILED Que 19 1938 6. G Hille	(Address) Clinton sho
Registrar.	r-II

JAN 13 1988