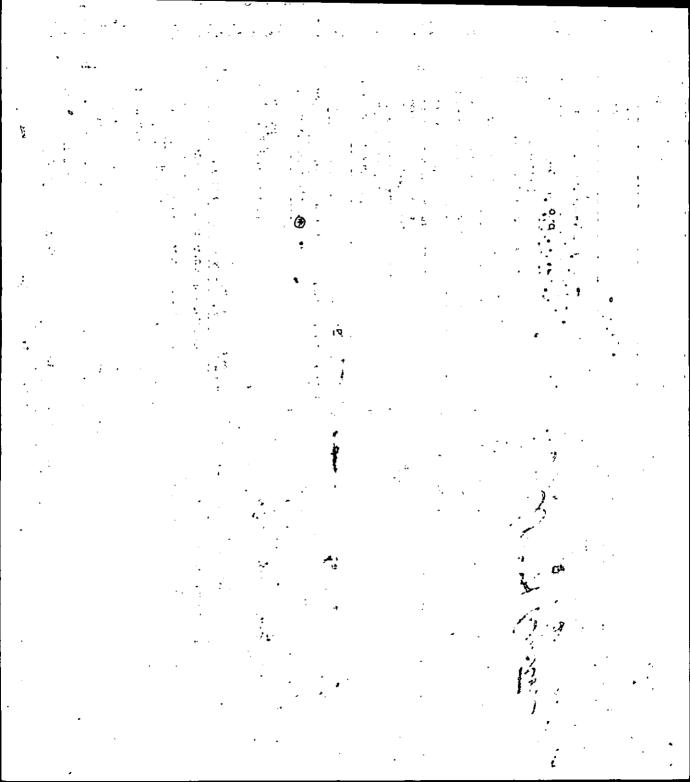
IANS should state is very important.	NOV 1 9 1935 BUREAU OF VI CERTIFICA 1. PLACE OF DEATH County Barter Registration District Township Jackson Primary Registration City Registration	BOARD OF HEALTH ITAL STATISTICS TE OF DEATH I No. 144 I No. 2207 Registered No. Ward)
N. B.—Every item of information should be carefully supplied. AGB should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very carefully.	2. FULL NAME (a) Besidence. No. Cantal and Wayne Bar (Usual place of abode) Length of residence in city or town where death occurred 2 yrs. / O mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFF OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,	 (II nonresident, give city or town and State)
	REGISTRAR	Green Undertaking Co. (Yoplan Bluff

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BUREAU OF CERTIFIC	E BOARD OF HEALTH VITAL STATISTICS CATE OF DEATH
City(No,	trict No. 144 File No. 3214 D ston District No. 5287 Registered No. St. V
2. FULL NAME Mary & Brown	
(a) Residence, No(Usual place of abode) Length of residence in city or town where death occurred yrs. mo	(If nonresident, give city or town and Stat
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Och, 6 22. CHEREBY CERTIFY, That I attended deceased, 19, to
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-64	I last saw h
7. AGE YEARS MONTHS DAYS If LESS than days her	Date
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN)	
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
(STATE OR COUNTRY) L 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)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT (ADDRESS)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
19. UNDERTAKER (ADDRESS)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED (Bcf /2 1935 From Registrar.	(Address) Van Buren Mo-

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