NOV 26 1935 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH should 1. PLACE OF 33464 Registration District No.... County. Ø Primary Registration District No. 5 802 Registered No..... Residence, No.....(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred moe. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED should be **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) supplied. AGE shoproperly classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS DAYS MONTHS day, .....hrs. INK: or ......min. Trade, profession, or particular kind of work done, as spinner, **OCCUPATION** sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. e carefully s it may be p 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation year)..... 12. BIRTHPLACE (CITY OR YOWN) (STATE OR COUNTRY) FATHER 13. NAME Name of operation terms, 14. BIRTHPLACE (CITY OR TOWN)... What test confirmed diagnosis?..... Was there an autopsy?.... N. B.—Every item of information CAUSE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: ä " 15. MAIDEN NAME E F E 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..... 24. Was disease or injury in any way related to occupation of discusse If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed).

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1. PLACE OF  County  Township	geath Ma Jew Mad	Acres Begistration Distr Manual Primary Registration (No.	ict No. 604 ion District No. 3807	File No	***********
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PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE 5.	Single, Married, Widowed, or Divorced (write the word)  WML.	21. DATE OF DEATH (MONTH, DAY, A		/2 .193 s
5A. IF MARRIED, WIDE HUSBAND OF (OR) WIFE OF	F		I last saw h alive on	, to	, 19
6. DATE OF BIRTH  7. AGE YEAR  AGE  6. DATE OF BIRTH		DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the date stated. The principal cause of death and r	above, atm. elated causes of importance	were as follows:
S kind of w sawyer, l	lession, or particular ork done, as spinner, bookkeeper, etc	11. Total time tyes a spent in this occupation.	Quantitative Contributory causes of import	ance:	
12. BIRTHPLACE (c (STATE OR COU	ITY OR TOWN)				
13. NAME	E (CITYOR TOWN)	A Company of the Comp	Name of operation		
15. MAIDEN NA 15. BIRTHPLAC (STATE OR C	ME B-(CITY OR TOWN)		23. If death was due to external can Accident, suicide, or homicide? Where did injury occur?(S. Specify whether injury occurred in it	uses (violence), fill in also the control of injury  Outs of injury  octify city or town, county, andustry, in home, or in publi	ne following:, 19 and State) c place.
17. INFORMANT(ADDRESS)  18. BURIAL, CREMA	ATION, OR REMOVAL		Manner of injury Nature of injury		
19. UNDERTAKER (ADDRESS)  20. FILED		DATE 19  D'Bayrand 8  NA Registrand	24. Was disease or injury in any way If so, specify	O'Bann	on, M. D.

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