HUSBAND OF (OR) WIFE OF ALL SAME OF SA	important.	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS GERTIFICATE OF DEATH  1. PLACE OF DEATH		Do not use this space. $39367$	
HUSBAND OF FULL STATE OF COUNTRY)  1. BIRTHPLACE (CITY OR TOWN)  1. SIRTHPLACE (CITY OR TOWN)  1	very	1/1.1.	E410 07.19	File No.	
HUSBAND OF FULL STATE OF COUNTRY)  1. BIRTHPLACE (CITY OR TOWN)  1. SIRTHPLACE (CITY OR TOWN)  1	fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state by be properly classified. Exact statement of OCCUPATION is very important.				
HUSBAND of CORN WIFE OF FULL AND YEAR COUNTRY)  1. AGE YEARS MONTHS PAYS II LESS than I day, h.rg. or min.  2. The principal cause of death and related causes of importance were as following sawying, bookkeeper, etc.  3. Industry or business in which saw mill, bank, etc.  4. Industry or business in which saw mill, bank, etc.  5. Industry or business in which saw mill, bank, etc.  6. DATE OF BIRTH (MONTH, DAY, AND YEAR) CALL II. Total time (years) asympt bookkeeper, etc.  7. AGE YEARS MONTHS PAYS II LESS than I day, h.rg. or min.  8. Trade, profession, or particular kind of work done, as appiner.  8. Trade, profession, or particular kind of work done, as appiner.  9. Industry or business in which saw mill, bank, etc.  9. Industry or business in which septent in this occupation (month and year)  10. Date decased last worked at this occupation (month and year)  11. SIRTHPLACE (CITY OR TOWN)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME Charles (CITY OR TOWN)  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME AUTHOR (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT AUTHOR (CITY OR TOWN)  18. BURIAL, CREMATION, OR REMOVAL  PLACE AUGUSTRY)  19. UNDERTAKER AUTHOR (CITY OR TOWN)  11. BURIAL, CREMATION, OR REMOVAL  PLACE AUGUSTRY)  19. UNDERTAKER AUTHOR (CITY OR TOWN)  19		7 2. FULL NAME Delie Maris blile			
HUSBAND OF CORN WIFE OF FULL AND YEAR COUNTRY)  8. DATE OF BIRTH (MONTH, DAY, AND YEAR)  9. DATE OF BIRTH (MONTH, DAY, AND YEAR)  1. LESS than 1 day, h.r. h.r. h.r. h.r. h.r. h.r. h.r. h.r		(Usual place of abode) (If nonresident, give city or town and State)			
HUSBAND OF FULL STATE OF COUNTRY)  1. BIRTHPLACE (CITY OR TOWN)  1. SIRTHPLACE (CITY OR TOWN)  1		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
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HUSBAND OF FULL STATE OF COUNTRY)  1. BIRTHPLACE (CITY OR TOWN)  1. SIRTHPLACE (CITY OR TOWN)  1		<del>-   -   -   -   -   -   -   -   -   -</del>	The state of the s		
S. Trace, protesson, or particular into of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as eilk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPIACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPIACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPIACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (Signed)  M. M.  (Signed)  M. M.  (Signed)  M. M.  (Signed)  M. M.  M.  (Signed)  M.  M.  M.  (Signed)		HUSBAND OF PORCE			
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13. NAME  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  (Signed)  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury  19. UNDERTAKER  (ADDRESS)  (Signed)  (Signed)		Jackson Fr.	- Culsus	y J.B.	
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(ADDRESS) Cluster musloure (Signed)		19 3			
(Signed) (Signed) (O) I have the		19. UNDERTAKER Fred William Zamarol Kone	. It so, specify	enated to occupation of deceased?	
20. FILED / ot Registrar.	CA.	20 FILED 12-7 1935 S. P. Hampton	(Signed) Cliuts	u, mo, M. D.	

