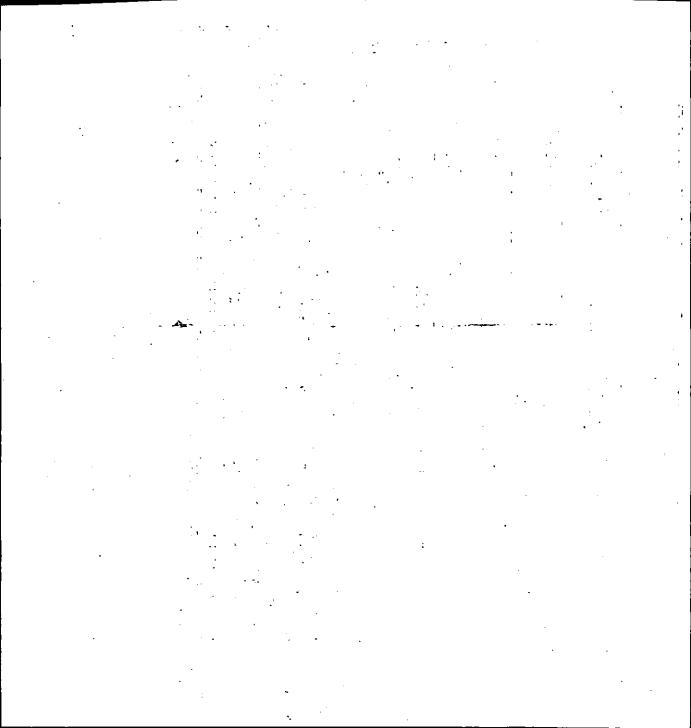
	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration District No. 5 / 8 / Registered No. City (No. St. Ward)			
	(a) Residence, No			
ويقد	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVERCED Popular the world	27 DATE OF DEATH (MONTH, DAY, AND YEAR) / - 6, 1236		
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	I last saw h 2 alive on 1936, to 1936 Death is said		
	7. AGE YEARS MONTHS DAYS If LESS than 1 day,	to have occurred on the date stated above, at		
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Other contributory Ruses of importance:		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
	15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?		
	17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL TO DATE 8 13	Manner of injury. Nature of injury.		
	19. UNDERTAKER PROPERTY OF HOUSE OF HOU	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)		



Do not use this space.

MISSOURI	STATE	ROARD	OF	HEALT
BURE	AU OF V	ITAL STA	TISTI	CS
ACATICIOATE OF ACATU				

, CERTI	FICATE OF DEATH					
	District No. 547 File No. Registered No. St. Ward)					
2. FULL NAME (a) Residence, No. (Usual place of abode) (Usual place of abode)						
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) 22. I HEREBY CERTIFY That I attended deceased from					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw h alive on 19 19 Death is sa 1, to have occurred on the date stated above, at 19 19 19 19 19 19 19 19 19 19 19 19 19					
7. AGE YEARS MONTHS DAYS If LESS that day, or many or many corrections with day or many corrections.	Date of on					
sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:					
year)						
14. BIRTHPLACE (CITY OF TOWN). (STATE OR COUNTRY) 15. MAIDEN NAME	Name of operation					
16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur?					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. UNDERTAKER (ADDRESS)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?					
10. FILES - 18 36 R Hampler Registre	(Signed) , M. I					

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