MISSOURI STATE BOARD OF HEALTH			Do not use this space.	
2001 0 1 7 1 1 1 1		/ITAL STATISTICS		
MAA 19 193 6	CERTIFIC	ATE OF DEATH	5598	
1. PLACE OF DEATH		240	0000	
County Lenny		ict No. 349	File No	
Township Cloa.	Primary Registrat	ion District No. 2 48 7	Registered No.	***************
City	(No, .	7	St	Ward)
2. FULL NAME Warris	m Ill Birt	35 m		
(a) Residence, No.		- WIJ	***************************************	***************************************
(Usual place of abode)	m O	(If non	resident, give city or town and	State)
Length of residence in city or town where de	ath occurred of yrs. — mos.	ds. How long in U. S., if of for	eign birth? yrs. mos	ds.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR	21. DATE OF DEATH (MONTH, DAY, AND	YEAR) 2.4.5	10.37
Cale Colored !	DIVORCED (write the word)		FY, That I attended dece	<u>. 1936</u>
A. IF MARRIED, WIDOWED, OR DIVORCED		Jan 8	Dak Pak	and from
HUSBAND OF (OR) WIFE OF				
5. DATE OF BIRTH (MONTH, DAY, AND YEAR)	an 14 - 1871	to have occurred on the date stated a	193.¢ D	eath is said
. AGE YEARS MONTHS	DAYS If LESS than 1	The principal cause of death and rela	nove, at	as follows:
65 -	day,hrs.	ن م ا		Date of onse
8. Trade, profession, or particular	2 / ormin.	- serveral exp	ullalian)	
kind of work done, as spinner,	PRAMIAI	Theat task	بيب	***************************************
sawyer, bookkeeper, etc				************
kind of work done, as spinner, sawyer, bookkeeper, otc				
10. Date deceased last worked at	11. Total time (years)			
this occupation (month and year)	spent in this occupation	Other contributory causes of importan		
		Concer of A	Rection .	
2. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	y county.	\$	774.	***************************************
13. NAME 9// Per 83	/ // /			
	1. 0.	Name of operation	Date of	
14. BIRTHPLACE (CITY OR TOWN) &	my green	What test confirmed diagnosista	Was there an autopsy	7
15. MAIDEN NAME Clara	200	28. If death was due to external cause	s (violence), fill in also the follo	wing:
15. MAIDEN NAME (Lana)	VK Hay	Accident, suicide, or homicide?	Date of injury	, 19
15. BIRTHPLACE (CITY OR TOWN)	7	Where did injury occur?(Spec	ly city or town, county, and Sta	ita)
(STATE OR COUNTRY)	x-cm.	Specify whether injury occurred in indu	astry, in home, or in public place	ż.
7. INFORMANT A D. A.	ent		***************************************	
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury		******************
Burned F. I C. I	DATE VILL 8 136	Nature of injury		
JAA	7	24. Was disease or injury in any way r	elated to occupation of deceased	?72.65
9, UNDERTAKER A CARDONESS) A A	July July	If so, specify	9/7-1	
9 7 7 7	004	(Signed)	- Lende	_M -DC
OFILED 2 - 1986 Muo	· u. u. may	(Address)	And I TIMA	

e this space.

Revistrar.

