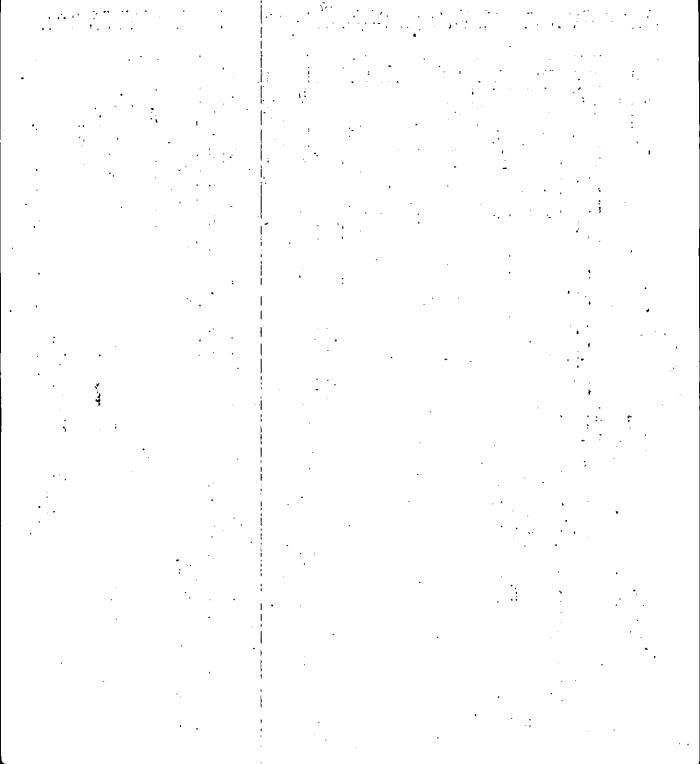
MAY 22 1936 MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 15824 CERTIFICATE OF DEATH Registration District No... Registered No. Primary Registration District No. (a) Residence, No. (Usual place of abode) (If ponresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? yrs. mos. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 193 Z DIVORCED (write the word) 22. CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF ₩-\$ Death is said to have occurred on the date stated above, at 7.30 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk may saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation year).... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation..... LČE (CITY OR TOWN) 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER (ADDRESS) (Signed).....



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

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19. UNDERTAKER II so, specify (Signed) E Petro M. D. 20. EU ED 6-19 1934 Mrs & M. D. (Address) Oak Parker	(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
	19. UNDERTAKER	If so, specify

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