## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Do:	not	uso	this	прасе
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	ITAL STATISTICS		
SED #1 tops	ATE OF DEATH		
1. PLACE OF DEATH	3/2 $30541$		
County Registration Distri			
Township Primary Registration	on District No. 4188 Registered No.		
Chy Ling City (No.	St. Ward)		
2 FULL NAME I hamas Xesley Ste	endles >		
(A) -4- \\ (-1) -4-	Mo Ward.		
(a) Residence, No. (Usual place of abode)	(If nonresident, give city or town and State)		
Length of residence in city or town where death occurred vyrs. Amos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) GOLD -15 - 1956		
make White Married	22. I HEREBY CERTIFY, That I attended deceased from		
SA/IF MARRIED, WIDOWED, OF OTVORCED	and 19 Que aus 19 X		
HUSBAND OF CONTROL OF STANKER STANKER	Handawh, Lazalive on 2 2 1984. Death is said		
DATE OF BUTTLE WAR 1864	3: 0		
5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and related causes of importance were as follows:		
7. AGE YEARS MONTHS DAYS If LESS than 1 day,	Date of coset		
7/ 0 ormin.	alle ary		
8. Trade, profession, or particular kind of work done, as spinner,			
sawyer, bookkeeper, etc.	<b>\</b>		
9. Industry or business in which work was done, as silk mill,			
Baw mill, bank, etc			
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 2	Other contributory causes of importance:		
year) All occupation deficiency	Other contributory causes of importance:		
DIFFERENCE CONTRACTOR OF THE WINDS			
12. BIRTHPLACE (CITY OR TOWN)			
20.00			
13. NAME William Standila	Name of operation Date of		
14. BIRTHPLACE (CITY OR TOWN) Zucknauer	What test confirmed diagnosis? [Light Was there an autopsyllid		
(STATE OR COUNTRY)			
1 1 21	23. If death was due to external causes (violence), fill in also the following:		
15. MAIDEN NAME Melenda Joy	Accident, suicide, or homicide? Date of injury		
16. BIRTHPLACE (CITY OR TOWN) Linkensey	Where did injury occur?		
(STATE OR COUNTRY)	Specify whether injury occurred in industry, in home, or in public place.		
7. INFORMANT TRACK A SCOTE	,		
(ADDRESS)	Manner of injury		
8, BURIAL, CREMATION, OR REMOVAL	Nature of injury		
MACE Ximo litre Gentlementer - 2 30			
VN H. Hoake of	24. Was disease or injury in any way related to occupation of deceased?		
9. UNDERTAKER	If so, specify		
(ADDRESS) Aring Otto (1)	(Signed) (N. D.		
0. FILED (144-20, 19.86 OSTALA D. 19.86	(Address) Time Cetas Mo		
Registra			

