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	MAY 20 1937 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space.		
	1. PLACE OF DEATH  // County Hewy  Township	Registration Distr	2 / 2	Pile No. 16464 Registered No.	
succession Occornation is very important.	City (No. St. Ward)  2. FULL NAME JANLY HUSS  (a) Residence, No. (12 E frical St. Ward. (If nonresident, give city or town and State).  (Usual place of abode) (If nonresident, give city or town and State).  Length of residence in city or town where death occurred yrs. 5 mos. 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) APril - 26. 193		
	Female Mild Widowed  5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Willis Kubbs		2. 1 HEREBY CERT	to 4-19	
7	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS 7. 74	1-22-/86-> DAYS If LESS than 1 day,hrs. ormin.	I last saw h	bove, at 2: 15 P.m.  ted causes of importance were as follo  Date of o	
0 6	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Housewife	Cerebral Lem	orloge 4-19	
.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory causes of importan	co:	
<u>1</u> الرقي	(STATE OR COUNTRY)		4	7	
	13. NAME Daniel Evons  4. BIRTHPLACE (CITY OR TOWN)		Name of operation.	Date of	
	(STATE OR COUNTRY)			Was there an autopsy?	
, HE	15. MAIDEN NAME Emaline Sillman  16. RIRTHPLACE (CITY OR TOWN)		23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?	Date of injury	
	17. INFORMANT Have The The The The The The The The The Th		(Specify whether injury occurred in ind	lly city of town, county, and State)	
-	(ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
_ '∥ '	PLACE MT. Olivet DATE 4-27 1987		Nature of injury	n. n.	
- 11	19. UNDERTAKER Fred Wilkinson (ADDRESS) Geinton Mo.		If so, specify	Signature of deceased?	
∥,	0. FILED 4-27 19.37	8 Namhtis	(Addys)	2 <b>3</b>	

