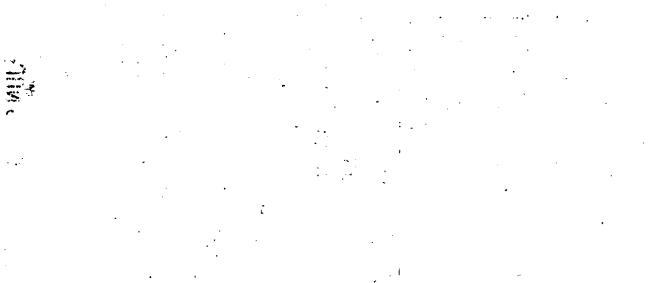
	JUN 2 1 193/ - BUREAU OF V	BOARD OF HEALTH //ITAL STATISTICS ATE OF DEATH
	1. PLACE OF DEATH County Registration Distri Township Primary Begistration City (No. (No.) 2. FULL NAME SAAC LABRY	iet No. 347, Pile No. 20161 on District No. 30/8 9 Registered No. Ward)
	(a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	.,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SA. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF A COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED A COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED SA. IF MARRIED, WIDOWED HUSBAND OF HUSBAND OF	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 1936 to 193 I lest saw harm, alive on 2 1937 Death is as
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 /860	to have occurred on the date stated above, at
	7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follow
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	04/
	9. Industry or business in which work was doze, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
	12. BIRTHPLACE (CITY OR TOWN)	m
	13. NAME 45M Jenning Baker 14. BIRTHPLACE (CITEGR TOWN)	Name of operation Date of Was there an autopsy? No
	15. MAIDEN NAME Dancy Coyle	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
ļ	16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
	17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury.
	MACE GIRLAND DATE 6/7 37	24. Was disease or injury in any way related to occupation of deceased? Ag
	19. UNDERTAKER Consalus & Jock (ADDRESS)	If so, specify (Signed) S R HU Plus , M.
İ	20. FILED 19 Registrar.	(Address) Chatal, Mo.
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CAUSE OF DEALE IN plain terms, so mat it may be property



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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

ALL INFORMATION CALLED

FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEAT 20161 Registration District No County Primary Registration District No. Township Registered No..... 2. FULL NAME (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 How long in U.S., if of foreign birth? TES. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF, 19...... Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 AGE YEARS MONTHS DAYS If LESS than 1 day,brs. Date of oaset or min. 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 mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and er contributory causes of importance: year) occupation 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation 14, BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: IS. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT..... (ADDRESS) Manner of injury..... 18, BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?...... If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)...

OCCUPATION

OTHER

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5-20161

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