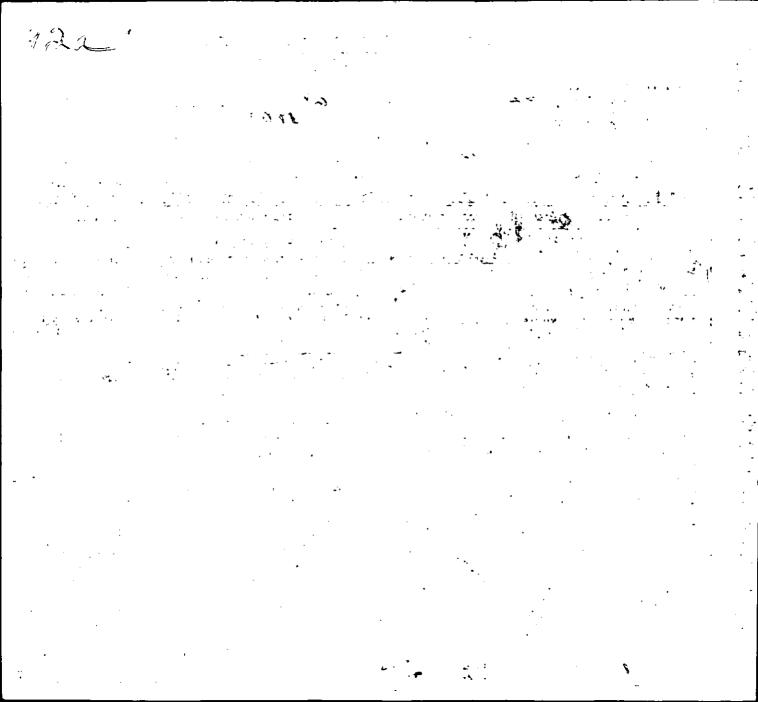
SEP 15 1937 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No.... AGE should be stated EXACTLY. PHYSICIANS assified. Exact statement of OCCUPATION is ver Primary Registration District No. 17.02 Registered No..... .....St., ......Ward. (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 mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 DIVORCED (write the word) HERERY CERTIFY, That I attended vigerased from SA. IF MARRIED, WIDOWED, QR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 MONTHS DAYS day, ......bra. Date of onset or .....min. 8. Trade, profession, or particular -Every item of information should be carefully supplied. B OF DEATH in plain terms, so that it may be properly c kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc ..... 9. Industry or business in which . work was done, as silk mill, saw mill, bank, etc..... Total time (years) spent in this 10. Date deceased last worked at this occupation (month and year) ..... occupation. 12. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) ATHER Name of operation .... ..... Date of...... What test confirmed diagnosis?. 14. BIRTHPLACE (CITY OR TOWN ...... Was there an autopsy?..... (STATE OR COUNTRY) 28. If death was due to external causes (violence), fill in also the following: OTHER 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... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify...... (Signed).



FILL IN ARSWERS TO ALL SPACES MISSOURI STATE BOARD OF HEALTH CHECKED IN RED PENCIL. BUREAU OF VITAL STATISTICS 30072 CERTIFICATE OF DEATH 1. PLACE OF DEAT Do not use this space. (a) County Ballineer Registration District No..... (b) Township Writing Primary Registration District No. 5/07 Registered No. OCCUPATION (f) How long in U. S., if of foreign birth? (If nonresident, give city or town and State) Ē, MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 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 ш 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** .to...... 19..... (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS If LESS than 1 MONTHS DAÝS so that it may be properly classified. day, .....hrs. 16 or .....min. 8. Trade, profession, or particular kind of work done, as sawyer, bookk ceper, etc. Miles illianous 9. Industry or business in which work was done, as saw mill, bank, etc. 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and year)..... occupation..... Officer contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) 13. NAME ₫ 14. BIRTHPLACE (CITY OR TOWN). ..... Date of..... Name of operation..... ( STATE OR COUNTRY) 냅 DEATH in plain terms, ECEIN What test confirmed diagnosis?..... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN). FOZ (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. SHALL 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. FUNERAL DIRECTOR ..... (ADDRESS) (Address) & Shure Burk

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