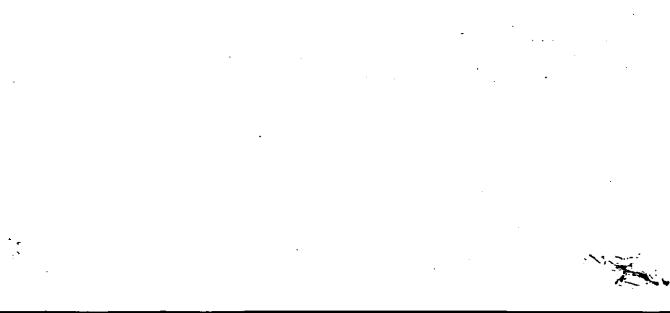
									,	
OCT 18 1937 MISSOURI STAT					TATISTICS	ГН .	Do not use this space.			
j.' 1. PLACE OF	DEATH .		OL:			ク	33	843	3	
County	Jamoeu	<i>_</i>	Registration D	istrict No		File N	o	3/		
Township	Magu	f i	Primary Regist	ration District l	No. B/6	Regist	ered No			
City	egi puo	(No	110		f - - /		St	***************	Ward)	
2. FULL NAM	DE Willes	ruy .	lley	ano	w			••••••	***************************************	
(a) Resid	lence, No	Beau	v Ide	20 h	Ward	(II nonresident	give city or to	wn and S	itate)	
Length of reside	nce in city or town where	death occurred	yrs. n	os. ds.	How long in U. S., if	of foreign birtl	1? yrs.	mos.	ds.	
PERSON	AL AND STATIST	ICAL PARTI	CULARS		MEDICAL C	ERTIFICAT	e of dea	тн		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR DIVORCED (10)	ied, Widowed, OR	21. DATE	OF DEATH (MONTH, D	AY, AND YEAR)	Sep 14	<u></u>	, ₁₉ 3 7	
male	while	mari	x d	22. [RTIFY,				
HUSBAND 0		\mathcal{M}	2	1 1 mas	•	195.7, to. 3.	ept 15	<u>/</u>	, 19. 3 '	
(OR) WIFE O	Forewa	up ux	eyaus		-	11/2	بعيد بالما سرك	.W/ De	eath is said	
6. DATE OF BIRTH	I (MONTH, DAY, AND YEAR)	JEAN, DAYS	If LESS that		occurred on the date st			ice were i	as follows:	
. AGE TEA	7 d		day,h	rs. ~ 0	', ,	1.11.	- 1 × 1	Ī	Date of onset	
1 8 Trade pro	fession, or particular	10.89	or	District	Discoulant Resemble	This	241) .57	
z kind of v	vork done, as spinner, bookkeeper, etc	fishers	naw		en y	Contraction of the second			J	
9. Industry of	r business in which								7	
ilim waa	, bank, etc	99 Potal	time (years)				2			
this occ	used last worked at upation (month and	spei	nt in this pation	Other co	ntributory causes of in	portance:	∂V			
<u>-' </u>	11	10115	la ma		ho					
12. BIRTHPLACE (COU	NTRY)			<u> </u>		***************************************			·	
13. NAME	Jan all	Nasu	der	N	operation Ho	***************************************		e of	7 29	
14. BIRTHELA	E (CITY OR TOWN)	5		What tes	t confirmed diagnosis?	Pley Se				
STATE OR	COUNTRY)			23. If de	ath was due to externs	i causes (viole	nco), fill in als	the follo	wing:	
15. MAIDEN N	met arriver +	wonfer	un_	11	, suicide, or homicide?		Date of injury		, 19	
16. BIRTHPLA	E (CITY OR TOWN)	/		Where di	id injury occur?	(Specify city	or town, count		ite)	
E (STATE OR	Quart (lase	Mester	rder)	Specify v	whether injury occurred	in industry, in	home, or in p	iblic place	3.	
17. INFORMANT !! (ADDRESS)	Dars. Be	ach.	mo	Manner	of injury	*******************************				
IS. BURIAL, PREM	ATION OR REMOVAL	I li	3 th 5	4 /l	finjury	N			<u></u>	
PLACE CO	nway Co	DATE	17.00 .1	24. Was	disease or injury in an	way related t	occupation of	deceased	1. Ho	
19. UNDERTAKERA	Danison.	Work	ery.	If so, spe	F\ 9-00	17.5	973 S.	12	P.C.	
(ADDRESS)	and with	10 10 -	AS 10.	(Sign	(Address)	Series .			, . м≈-D:	
20. FILEDALA		,,,,, v. — Z	· 11 UA F F	* 1)	LAUDIDAY IN TO A	A .A			A	



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