BUREAU OF V	BOARD OF HEALTH	" ,Do not use this space.
1. PLACE OF DEATH  County Begistration District Primary Registration City (No.	1-8/9	16271 No. 46271 Sterod No. /34/
2. FULL NAME Joshua Olle.  (a) Residence, No. St.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.		t, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE 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)	WEE. 3/19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  Surge  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I HEREBY CERTIFY.  1937, to	129-,1937 Death is
7. AGE YEARS MONTHS DAYS If LESS than 1 day,	The principal cause of death and related ca	uses of importance were as follows:  • Date of
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.  10. Date deceased last worked at this occupation (month and year) occupation.	Other contributory causes of importance:	onea /2-2
12. BIRTHPLACE (CITY OR TOWN) Permised Co. (STATE OR COUNTRY)	10	70
13. NAME SEO. Ollen  14. BIRTHPLACE (CITY OR TOWN) Point Pleasant (STATE OR COUNTRY)	Name of operation	
15. MAIDEN NAME Manie Lee 9  16. BIRTHPLACE (CITY OR TOWN) Robinsonville (STATE OR COUNTRY)	23. If death was due to external causes (viole Accident, suicide, or homicide?	or town, county, and State)
17. INFORMANT Hes. allen Carufferwille, Mo.	Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL  PLACE KLEEDINGE, BEAUTERYE Jan. 1-,1938  19. UNDERTAKER ATT RESIDENT	Nature of injury	4.
(ADDRESS) Carethypuille, Mo.	(Signed) (Address) Carr	therwill m

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