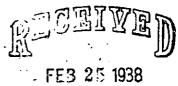
MISSOURI STATE BUREAU OF V	ITAL STATISTICS	Do not use this space.
CERTIFICA	TE OF DEATH	
1. PLACE OF BEATH	220	2996
County Jackson Begistration Distri		File No. 6330
Township Primary Registratio	on District No. 55554	Registered No.
City mile ferriage (No. R. R. F.	···· ······	St. Ward)
2. FULL NAME (a) Residence, No. Chelps Road (St. (Usual place of abode)	Ves U	resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of fore	rign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Chila Ch	21. DATE OF DEATH (MONTH, DAY, AND	YEAR) Jan. 5 ,1938
1 201000		FY, That I attended deceased from
5A, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF*	I last saw h den alive on 2	to 19 J & Death is said
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1850	to have occurred on the date stated a	
7. AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and rela	ted causes of importance were as follows:
87 3 24 day,hrs. ormin.		Pate of easet
Z 8. Trade, profession, or particular kind of work done, as spinner,	Chrone repur	ly- worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Juterele	hal Reac
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)	Other contributory causes of importan	co: - 7.7.
12. BIRTHPLACE (CITY OR TOWN) HOWISHIELD O		
13. NAME John auses		
	•	Date of
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Was there an autopsy? Z. 6
15. MAIDEN NAME Jane Perrice		Date of injury, 19
16. BIRTHPLACE (CITY OR TOWN) June 15 (STATE OR COUNTRY)	Where did injury occur?(Spec Specify whether injury occurred in ind	ily city or town, county, and State)
17. INFORMANT Walter ayr.	Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL.	Nature of injury	
MACE Norse Cemetry DATE Jan 138	24. Was disease or injury in any way r	21.
19. UNDERTAKER O Transport Grant Gra	If so, specify (Signed)	Illiams: M.D.
20. FILED 1-11- 1938 F. L. Cook Registrar.	(Address) 5.400	John for
	Ran	sar Cely, MO



BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

	AS PRESCRIBED BY LAW.
	Y ARE COMPLETED AS PR
	HALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY L
	EIVE A FEE FOR CEI
	S SHALL NOT REC
:	REGISTRARS SHALI

CHECKED IN RED PENCIL. BUREAU OF V CERTIFIC 1. PLACE OF DEATH (a) County (b) Township (c) City (d) Street No.	occurred in Hospital or Institution, write its name instead of street and number) ss. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended de thusband of (OR) WHE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw h alive of
7. AGE YEARS MONTHS DAYS If LESS than 1 87 3 24 day,	Date of onse
Z 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	4
9. Industry or business in which work was done, as saw mill, bank, etc.	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	ther contributory causes of importance;
置 13. NAME	1
14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	
16. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
17. INFORMANT(ADDRESS)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL PLACE AND UM DATE Jan 9-13	Manner of injury Nature of injury
19. FUNERAL DIRECTOR	24. Was disease or injury in any way related to occupation of deceased?

1938 5-2996