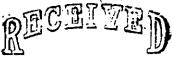
BUREAU OF N	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH Do not use the	•
1. PLACE OF DEATH TY County Distraction	ict No. 5/2 File No. 3	
City (No.	on District No. 5-6.8.2 Registered No. St. 420 (DIEL	
(a) Residence, No	t., Ward. (If nonresident, give city or tow	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) (A But)	m,5
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	1 HEREBY CERTIFY, That I attende	·······
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) # 14 34 7. AGE () YEARS MONTHS DAYS II LESS than 1	to have occurred on the date state that 23,19. The principal cause of death and related causes of importance	73 8 were
8. Trade, profession, or particular lain of work done, as spinney, sawyer, bookkeeper, etc	Unknown	
9. Industry or business in which work was done, as allk mill, saw mill, bank, etc		,,
this occupation (month and spent in this occupation	Other contributory causes of importance:	
12. BIRTHPLACE (CITY OR TOWN)	1	
13. NAME Enerth Wm Dela: U	What test confirmed diagnosis? Now Was there an a	
(STATE OR COUNTRY) STATE OR COUNTRY) 15. MAIDEN NAME EARTH CALL	23. If death was due to external causes (violence), fill in also the Accident, suicide, or homicide?	be foll
16. BIRTHPLACE (CITY OR TOWN) AND A STATE OR COUNTRY)	Where did injury occur?	and St
17. INFORMANT (ADDRESS)	Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL DATE 7 10 193	Nature of injury	
19 INSERTAKER (ADDRESS)	(Signod) JU Charles	31
20. FILED 7 le 7 1938 Nazel Slamper	// Co (Address)	[[



FEB 28 1938

BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH