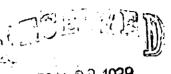
01		
state rtant.	BUREAU OF V	BOARD OF HEALTH, VITAL STATISTICS ATE OF DEATH Do not use this space.
PHYSICIANS should PATION is very impor	(a) County////// Registration Distri	
Set 3	(b) Township Primary Registration	on District No. 5.7.5. Registered No
is v	(d) Street No(If death o	St.
ON A	(e) Length of residence in city or town where death occurred yrs. mos	s. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
UPATIO	2. PRINT FULL NAME Jahan Digley 2	40
Te di	(a) Residence, No. (Usual place of abode, if no street address, write county	or city) (If nonresident, give city or town and State)
19 of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXACTLY. statement of OCCU	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, of Divorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 , 1935
ed E	Mace. Ithite Single	22. I HEREBY CERTIFY That I attended deceased from
state State	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	Loce 25 ,10376 Jan 2 ,1038
et j	(OR) WIFE OF	I last saw halive on
should ed. Exa	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNknown 7. AGE YEARS MONTHS DAYS If LESS than 1	to have occurred on the date stated above, at
E Signal	Correcting rear day,	Defections
AGE assifie	Z 8. Trade, profession, or particular kind of / O O	froctul kight fam 12/25
d.	F 9. Industry or business in which work by younger	pocced from
supplied. properly c	was done, as saw mill, bank, etc	16/00
y su e pro	O this occupation (month and spent in this occupation occupation	10,2
carefully t may be	12. BIRTHPLACE (CITY OR TOWN) LINE RECEIVED 12. (STATE OR COUNTRY)	Other contributory causes of importance:
at it	II 13. NAME The known	pursue paraces 17/1-82
Every item of information should be OF DEATH in plain terms, so that it is a least to the control of the contro	13. NAME (11 Correction 14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of Date
term	U IS, MAIDEN NAME	23. If death was due to external causes (holemen, fill in also the inflowing:
nforma 1 plain	16. BIRTHPLACE (CITY OR TOWN) // (STATE OR COUNTRY)	Accident, suicide, or homicide? A Date of injury 1977. Were did infury occur? () (pecify city or town, county, and State)
ATH in	17. INFORMANT Jesse Valmes (ADDRESS) Sunceton Mo.	Specify whether in jury occurred in industry, in home, or in public place. Manner of injury Manner of injury
F DE	18. BURIAL CREMATION, OR REMOVAL PLACE MISSIER DATE CAN 3 19.8	Nature of injury Fractery RV Rep 1 -
	19. FUNERAL DIRECTOR, Mach Moss (ADDRESS)	24. Was disease or injury in any way related to occupation of deceased? If so, specify.
CAU.B.	20. FILED 1/3 1938 J.M. Local Refistrar.	(Signed) Auguston Luc M. D.
		interment on Reverse Side)



BURFAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

Licensed Embalmer No.....

Body Wa	NT BY LICENSED EMBALMER Les not embalmed, Licensed Embalmer No:	
¹I,	Licensed Embalmer No:	
•	his certificate was embalmed by	
	Registered Apprentice No	fr
working under my personal supervision.	Signed World Wass	*****

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)