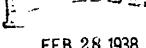
BUREAU OF V	BOARD OF HEALTH Do not use this space. ITAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH County Registration District Townships Primary Registration	2/3 7 3
City Backers (No. St. Ward) 2. FULL NAME (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State)	
Length of residence in city or town where death occurred 3/ yrs. mos. PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U.S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the world) 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 7. AGE 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).	21. DATE OF DEATH (MONTH, DAY, AND YEAR) I HEREBY CERTIFY That I attended deceased from 15 ft. 25 I last see here alive on 2 19 Death is said to have occurred on the date stated above, at 12 ft. m. The orincipal cause of death and related causes of importance were as follows: Date of ouset Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CRPMATION, OR REMOVAR PLACE PLACE 19.38	Name of operation Date of 1937. What test confirmed diagnosis? Was there an autopsy? NO 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury. Nature of injury in any way related to occupation of deceased?
19. UNDERTAKER Complete Francis Francisco (ADDRESS) 95 / South Main Mangall 20. FILED JES 14, 1938 Mys & Back Registrar.	11 so, specify G. M. Frulley, M. D. (Signed) Salvam - ryl D. (Address) Salvam - ryl D.



FEB 28 1938

BUREAU C. VITAL STATISTICS MO. STATE BOARC OF HEALTH