**BEC'DALIG 22 193**R MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County. Registration District No. Primary Registration District No Registered No. (a) Residence, No. Residence, No. 222 (Usual place of abode) (If nonresident, give city or town and State) should be stated EXACTLY. Length of residence in city or town where death occurred mos. A/ ds. How long in U.S., if of foreign birth? · YES. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 3. SEX COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word I attended deceased from A. IF MARRIED, WINGWED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH ONTH, DAY, AND YEAR) d on the date stated al The principal cause of death and related causes of importance were as follows 7. AGE DAYS If LESS than I YEARS. MONTHS day, .....hrs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... carefully supplied. CAUSE-UF UEATH in plain terms, so that it may be properly Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this ( this occupation (month and year).... Other contributory causes of importance occupation.... 12. BIRTHPLACE (CITY OF TOWN (STATE OR COUNTRY) Should 13. NAME 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?...... Was there an autopsy?... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide la Where did injury occur?..... (Specify city or town, county, and 16. BIRTHPLACE (LITY OR TOWN). (STATE OR COUNTRY) Specify whether injury 17. INFORMANT 7/ (ADDRESS) Manner of injury 18. BURIAL, CREMATION OR REMOVA Nature of injury. If so, specify 19. UNDERTAKER (ADDRESS) (Signed) 20. FILED Registrar.

CHECKED IN RED PENCIL.		TITAL STATISTICS	26/90
1. PLACE OF DEATH			Do not use this space.
(a) County LUCS	Registration Distri	et No	<u> </u>
(b) Township	Primary Registrati	on District No.3.0.3.2	Registered No. 3 40
(c) City Sedala	(d) Street No.		
(e) Length of residence in city or town where	if death of	ccurred in Hospital or Institution, w . ds. (f) Howlong in U.S.,	rite its name instead of street and numb if of foreign birth? yrs. mos.
Geo.	2	- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. PRINT FULL NAME	a alguare y	yelesson	
(a) Residence, No	if no street address, write county	or city) (If no	nresident, give city or town and State)
PERSONAL AND STATISTICA		II	
	INGLE, MARRIED, WIDOWED, OR	MEDICAL CER	RTIFICATE OF DEATH
	IVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY	, AND YEAR) Rule .
male Wale	merries	2. I HEREBY CER	TIFY, That I attended deceased
5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF	ر ا		38 to aut 8
(OR) WIFE OF Jones a	nderson	I last saw levalive de	19.34 Death
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	ps 19 1895		ed above, at 5 Para.
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,	The principal cause of death and	of above, at
42 10	19 ormin.	(1) st V	Date .
Z 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc	Rollows)	parem	ele q
9. Industry or business in which work		Jakun	man of
was done, as saw mill, bank, etc			49
	spent in this occupation	× × × × × × × × × × × × × × × × × × ×	
0 year) (Life 1938	occupation		
12. BIRTHPLACE (CITY OR TOWN)	cure of	Other contributory causes of impo	ortance:
	no f	you of infun	of seed in face
13. NAME (Nasles dind	erson !	from being s	uracic or prain
14. BIRTHPLACE (CITY OR TOWN)	ecuster	<i>(</i>	
(STATE OR COUNTRY)	10 m		Date of
\$ 15. MAIDEN NAME FOLLE			Was there an autopsy?
15. MAIDEN NAME Jane Le	War and the same of the same o		zuses (riotence), fill in also the following
O 16. BIRTHPLACE (CITY OR TOWN)		Where did injury occur?	he has a so
7	Y Marie	ļ	Specify city or town, county, and State)
17. INFORMANT	a myderan		industry, in home, or in public place.
- na vije	oule, mo	Manner of injury Struck	
18. BURIAL, CREMATION, OR REMOVAL	- (14.4.10 5	Nature of injury Broker	neeks tead
PLACE TUNIO CO (	DATE CULTE TO 1130	24. Was disease or injury in any w	vay related to occupation of deceased?
19. FUNERAL DIRECTOR	esperal.	If so, specify	
- (NOUNESS) House	nu pri	(Signed) Trans	R marley.
20. FILEDILLE Y , 1978	un slack	(Address) XIII	ly mol
	Local Registrar.	1	<b>3</b>

