MEI KOV 2 2 1934 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importand CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Registered No. (d) Street No. (If death occurred in Rospital or Institution, write its name instead of street and number) ds. (f) How long in U. S., if of foreign birth? mos. Residence, No.... .....St. (Usugi place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OB, RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) That I attended SA, IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 7. AGE YEARS MONTHS If LESS than 1 The principal cause of death and related causes of importance were as follows: day, ......hrs. Date of onset 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper.etc. 9. Industry or business in which work Ina**hā**tion or malnutrition. was done, as saw mill, bank, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... 12. BIRTHPLACE (CITY OR TOWN BIRTHPLACE (CITY OR TOWN). Name of operation.. ( STATE OR COUNTRY) What test confirmed diagnosis 23. If death was due to external fauses (violence), fill in also the following: 16. BIRTHPLACE (CITY Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury..... BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation obdecess 19. FUNERAL DIRECT (ADDRESS) Local Registrar. (Licensed Embalmer's Statement on Reverse Side)

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District Health Officer No. 10

District File Number 10 -38 - 510

COURS A PROGRAM A TOWNSON	1 DI	TOTAL	TRATE

•	I,	Licensed Embalmer No
	hereby certify that the body recorded on the reverse side of	f this certificate was embalmed by
	L. E.	
	•	Registered Apprentice No.
	working under my personal supervision.	•

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	nportant
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## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36330

11/18/21/20			603	Do not use this sp	aco.
(a) County 10 N Co	Registration Distric	et No	583	· · · · · · · · · · · · · · · · · · ·	
(b) Township TORSON	Primary Registration	n District No	5779	Registered No	
(c) City	(d) Street No				St,
(c) Length of residence in city or town where death occ	(If death or curred yrs. mos	ccurred in Hospi . ds. (f)	ital or Institution, write How long in U. S., if	e its name instead of street and of foreign birth?	d number) mos. ds.
to Pr	00	a		7.5.	
2. PRINT FULL NAME	allen	Jou	man		
(a) Residence, No(Usual place of abode, if he stree		St.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13-4-4-3-3	
(Usual place of abode 17 ho stree	et address, write county	or exty)	(II nonre	sident, give city or town and	State)
PERSONAL AND STATISTICAL PAR	TICULARS		MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MA	RRIED, WIDOWED, OR Write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) (1935)  22. I HEREBY CERTIFY, That I attended deceased from			
$ \mathcal{M}  \mathcal{U}  \mathcal{X}$	.,,,,				
5A. IF MARRIED, WIDOWED, OR DIVORCED		11			
HUSBAND OF (OR) WIFE OF		11	-	, to	-
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	-	I last saw h	alive on	, 19	Death is said
7. AGE YEARS MONTHS DAYS	If LESS than 1			above, atm. lated causes of importance we	(-11
n n	day,hrs.	The principal	e L	<del>-</del>	Date of onse
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Z 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc	,,	mal	mustret.	1	
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was done, as saw mill, bank, etc	al time (years)	duc	to in all	ilety to toke	
U   this occupation (month and spe	2	N 10			
0   year)occi	ıpatlon		* *	<u>ሁ</u>	•
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		i	itory causes of imports		
			***************************************	775	
13. NAME					
14. BIRTHPLACE (CITY OR TOWN)	·			12 -	
(STATE OR COUNTRY)		1		Date of	
α !		What test conf	irmed diagnosis?	Was there an auto	psy?
I 15. MAIDEN NAME				ses (violence), fill in also the	-
16. BIRTHPLACE (CITY OR TOWN)	Accident, suicide, or homicide? Date of injury, 19				
Σ (STATE OR COUNTRY)		Where did inju	iry occur?(Spe	cify city or town, county, and	l State)
17. INFORMANT		Specify whether	er injury occurred in in	dustry, în home, or in public p	lace.
(ADDRESS)			***************************************		
18. BURIAL, CREMATION, OR REMOVAL			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PLACEDATE					
A SUMERAL DIRECTOR		1		related to occupation of decea	ısed?
19. FUNERAL DIRECTOR(ADDRESS)	ľ	TI WILL	ane.		
		(Signed)	05.11	alia h	, M. D.
20. FILED	Local Registrar.	tbbA)		and our	

