MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS  CERTIFICATE OF DEATH  Do not use this space.  Registration District No.  Primary Registration District No.  Registration Di		$\mathcal{H}_{i,\mathcal{L}}$
1 PLACE O CRATH  (a) Connty  (b) Towns   Primary Registration District No. 29   Begistered No.    (c) City   Conty   Primary Registration District No. 29   Begistered No.    (c) Largety of raddelecs in city or town where death gecurred   William   Conty   Conty	MISSOURI STATE	BOARD OF HEALTH
(a) County    Registration District No.   Primary Registration Dis	CERTIFICA	
(b) Townsky (c) City Primary Registered No. (d) Street No. (d) Str	(a) Aper.	
(c) City		2002
(c) Lebetty of rystakefec lactly or town where death gecurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. cs. (g) PRINT FULL NAME  2. PRINT FULL NAME  (a) Residence, No. (Usual pipe of ploods, if no street address, write country or city)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Usual pipe of ploods, if no street address, write country or city)  PERSONAL AND STATISTICAL PARTICULARS  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Usual pipe of ploods, if no street address, write country or city)  12. DATE OF DEATH (MONTH, DAY, AND YEAR)  13. AGE  14. ADDRESS MONTHS  15. MADEN NAME  16. DATE OF BIRTH (MONTH, DAY, AND YEAR)  16. DATE OF BIRTH (MONTH, DAY, AND YEAR)  17. NAME  18. Trade, profession, or particular kind of work does, as saw mill; beak, etc.  19. If MARRIED, WIDOWED, Date decessed last worked at ward on the principal cause of death and related causes of importance were as followed does, as saw mill; beak, etc.  19. Industry or business in which work ward does, as saw mill; beak, etc.  10. Date decessed last worked at ward on the principal cause of death and related causes of importance were as followed does, as saw mill; beak, etc.  19. Industry or business in which work ward does, as saw mill; beak, etc.  19. Industry or business in which work was does, as saw mill; beak, etc.  10. Date decessed last worked at ward of the work was does, as saw mill; beak, etc.  11. Total time (yearn) eccupation was does, as saw mill; beak, etc.  12. BATE OF DEATH (MONTH, DAY, AND YEAR)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT ACC.  18. Was there an autopsy?  18. MAIDEN NAME  19. Address of importance:  10. Address of importance:  11. Address of importance:  12. DATE OF DEATH (MONTH, DAY, AND YEAR)  19. Address of importance:  11. MAIDEN NAME  12. DATE OF DEATH  1	(c) City Deplin (d) Street No. 4re	elman Hospital
(a) Residence, No. 23 (Usual pipe of ploode, if no street address, write country or city)  PERSONAL AND STATISTICAL PARTICULARS  SEX  A. COLOR BR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Urife the word)  SA. IT MARRIED, WIDOWED, ORIVORCED (Urife the word)  SA. IT MARRIED, WIDOWED, ORIVORDED (Urife the word)  SA. IT MARRIED, WIDOWED, ORIVORDED (Urife the word)  SA. IT MARRIED, WIDOWED, ORIVORDE	(If death of (c) Length of residence in city or town where death occurred yers. more	
(a) Residence, No. 123 (Usual plays of poode, if no street address, write country or city)  PERSONAL AND SHATISTICAL PARTICULARS  SEX  A. COLOR 9R RACE  S. SINGLE, MARRIED, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie the word)  SA. If MARRIEL, WIDOWED, OR DINORCED (Urifie)  What test of the word at a stated above, at MARRIEL (URIFIE)  What test occupation (month and year)  Other coatsibutory causes of importance:  What test confirmed diagnostic and the word of injury.  What test confirmed diagnostic and cause (violence), fill in also the following:  Accounts of the word of	2 PRINT FULL NAME Minnie a. Danie	b
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR 9R RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)  7. AGE WEAR MONTHS  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEAR MONTHS  7. AGE YEAR MONTHS  8. Trade, profession, or particular kind of work done, as as wyer, bookkeeper, etc.  9. Industry or business in which work was done, as as as will, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. AGE  17. INFORMANT  18. AGE  18. ACCION THE CITY OR TOWN)  19. ACCION THE CITY OR TOWN, OR TOWN OR TO	(a) Residence, No. 723 Joblin	St.
3. SEX 4. COLOR GR RACE Divorce (correct the word)  SA. If MARRIED, WIDOWED, Or Divorce (CR) WIFE OF LOW LAND YEAR)  SA. IF MARRIED, WIDOWED, Or SOLVORCED HUSAND OF (CR) WIFE OF LOW L. JAMES L. 11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw yer, bookkeeper, etc.  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw yer, bookkeeper, etc.  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  11. Total time (years)  SEX B. Trade, profession, or particular kind of work done, as saw mill, bank, etc.  12. BIRTHPLACE (CITY OR TOWN)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the following:  A STATE OR COUNTRY)  What test confirmed diagnosis to the	Costai pare of about, it no sireet address, write county	(If nonresident, give city or town and State)
Divorced (city or town)  8. Trade, profession, or particular kind of work door, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT (CITY OR TOWN)  (STATE OR COUNTRY)  18. Days   If LESS than 1   day, bris. day		-
5. If MARRIED WIDOWED, ORGIVORCED  (USANDE OF LON C. Daniels  5. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1/1/7  7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs.  5. DATE OF BIRTH (MONTH, DAY, AND YEAR) MArch 20, 1/1/7  7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs.  5. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  5. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 20, 1/1/7  7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs.  6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 20, 1/1/7  8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  7. Intended doceased in this occupation (month and year) work done, as sawyer, bookkeeper, etc.  10. Date deceased last worked at this occupation (month and year) coccupation.  12. BIRTHPLACE (CITY OR TOWN) Wilson (STATE OR COUNTRY) MARCH 10, 1/1/2  13. NAME Oly March 10, 1/1/2  14. BIRTHPLACE (CITY OR TOWN) Wilson (STATE OR COUNTRY) Was there an autopsy?  15. MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	DIVORCED (write the word)	The state of the s
1 Ilast saw h. Italive on 1934 Death is to have occurred on the fate stated above, at 1.70 Im.  7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY)  13. NAME ALLY AUSSILES  14. BIRTHPLACE (CITY OR TOWN) Wilson Country (STATE OR COUNTRY)  15. MAIDEN NAME ASSILES ASSILES  16. BIRTHPLACE (CITY OR TOWN) Was there an autopay?  17. INFORMANT ASSILES  18. STATE OR COUNTRY)  18. STATE OR COUNTRY)  19. 34 Death is to have occurred on the fate stated above, at 1.1. Total time (years) as sawyer, bookkeeper, etc.  10. Augusty or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (state on Country)  11. Total time (years) as peat in this occupation occupation.  12. BIRTHPLACE (CITY OR TOWN) Wilson Country (STATE OR COUNTRY)  13. NAME Ally Was there an autopay?  14. BIRTHPLACE (CITY OR TOWN) Was there an autopay?  15. MAIDEN NAME ASSILES  16. BIRTHPLACE (CITY OR TOWN) Was there an autopay?  16. BIRTHPLACE (CITY OR TOWN) Was there an autopay?  17. INFORMANT (ADDRESS) / 3 Assired Assi	SA. IF MARRIED, WIDOWED, OR DIVORCED	
5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1  day, hrs. or min.  Date of  Work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  MISSORIE  13. NAME  AUGUST  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  MISSORIE  15. MAIDEN NAME  AUGUST  MISSORIE  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  MISSORIE  17. INFORMANT  (ADDRESS)  A Splin AL POPULA  Manner of injury		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME Alex August  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  Mussonii  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  Mussonii  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  Mussonii  17. INFORMANT for August  (ADDRESS)  18. Trade, profession, or particular kind of or minimum.  Date of minimum.  Other contributory causes of importance:  Name of operation.  Date of importance:  Name of operation.  Date of importance:  What test confirmed diagnosis for the following:  Accident, suicide, or homicide?  Date of injury.  19. Where did injury occurred in ladustry, in home, or in public place.  (ADDRESS)  3. Application  Manner of injury.  Manner of injury.  Manner of injury.  Manner of injury.	7,300	to have occurred on the date stated above, at /////m.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year).  11. BIRTHPLACE (CITY OR TOWN).  12. BIRTHPLACE (CITY OR TOWN).  13. NAME Alex Australia (STATE OR COUNTRY)  14. BIRTHPLACE (CITY OR TOWN).  15. MAIDEN NAME Assista Daniel  16. BIRTHPLACE (CITY OR TOWN).  17. INFORMANT ALEX C. Daniel  (ADDRESS) 72. Sprin A. Ophin Mo.  Manner of injury.	0 / 9 day,hrs.	
work done, as sawyer, bookkeeper, etc. Advanced by Sunday or business in which work was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year) occupation.  12. BIRTHPLACE (CITY OR TOWN) Address (STATE OR COUNTRY)  13. NAME Alex Available  14. BIRTHPLACE (CITY OR TOWN) Wilson Country (STATE OR COUNTRY)  15. MAIDEN NAME Available  16. BIRTHPLACE (CITY OR TOWN) Asper Country (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN) Asper Country (STATE OR COUNTRY)  17. INFORMANT Available  18. Manuel (STATE OR COUNTRY) Was there an autopsy?  19. Informant Available  19. Industry or business in which work was there an autopsy?  19. Industry or business in which work was the country (Specify city or town, county, and State)  19. Industry or business in which work was done to external causes (violence), fill in also the following: Accident, suicide, or homicide?  19. Industry occurred in industry, in home, or in public place.  19. Industry or business in which work was done to external causes (violence), fill in also the following: Accident, suicide, or homicide?  19. Industry occurred in industry, in home, or in public place.  19. Industry or business in which work was there an autopsy?  19. Industry occurred in industry, in home, or in public place.		- Suplacaci Date of acco
was done, as saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  17. INFORMANT  (ADDRESS)  18. Was done, as saw mill, bank, etc.  11. Total time (years) spent in this occupation.  Other coatsibutory causes of importance:  Other coatsibutory causes of importance:  Name of operation.  Name of operation.  21. Informant  (State OR COUNTRY)  What test confirmed diagnosis and a was there an autopsy?  22. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  Date of injury.  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury.  Manner of injury.  Manner of injury.	work done, as sawyer, bookkeeper, etc.	
Other coattibutory causes of importance:  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. Description  Other coattibutory causes of importance:  Othe		Spiles
13. NAME   AUSELL   14. BIRTHPLACE (CITY OR TOWN)   Wilson County   15. MAIDEN NAME   Australia   Mane of operation   Blush Later flag Date of   What test confirmed diagnosis   Was there an autopsy?   16. BIRTHPLACE (CITY OR TOWN)   Asper County (STATE OR COUNTRY)   Missonia   What test confirmed diagnosis   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   Manner of inj		
13. NAME OLY QUASELL  14. BIRTHPLACE (CITY OR TOWN) Wilson County  (STATE OR COUNTRY) Was there an autopsy?  15. MAIDEN NAME COSETTA DANIELS  16. BIRTHPLACE (CITY OR TOWN) Asper County (STATE OR COUNTRY) Missonia  16. BIRTHPLACE (CITY OR TOWN) Asper County (STATE OR COUNTRY) Missonia  17. INFORMANT Control of Missonia  18. MAIDEN NAME Cosetta Daniels (Specify city or town, county, and State)  18. MAIDEN NAME Cosetta Daniels (Specify city or town, county, and State)  19. Description Date of Manuel of Cosetta Date of C		Other coatsibutory causes of importance:
14. BIRTHPLACE (CITY OR TOWN) Welson County (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  17. INFORMANT (ADDRESS)  18. MAIDEN NAME  19. Was there an autopsy?  23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Manner of injury.  Manner of injury.	(STATE OR COUNTRY)	Sylva Sorver Days
14. BIRTHPLACE (CITY OR TOWN) Wells to County  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  17. INFORMANT  (ADDRESS)  18. MAIDEN NAME  19. Massoria  Name of operation.  What test confirmed diagnosis to the following:  Accident, suicide, or homicide?  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury.  Manner of injury.  Manner of injury.	13. NAME aley Aussell	Joseph Commission
What test confirmed diagnosis and was there an autopsy?  15. MAIDEN NAME ROSELLA DANIELS  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. MAIDEN NAME  18. MAIDEN NAME  19. Was there an autopsy?  23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  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  Manner of injury	14. BIRTHPLACE (CITY OR TOWN) Welson County y	Name of operation Blush Lustre Date of
16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury.  Manner of injury.  Manner of injury.	Missour ()	
(Specify city or town, county, and State)  17. INFORMANT Leve (Specify city or town, county, and State)  Address) 12. Splin St. Oplin 100.  Manner of injury.	I,	
17. INFORMANT Clore Spaciel Specify whether injury occurred in industry, in home, or in public place.  (ADDRESS) 12.3 Applies African Manner of injury  Manner of injury	O 16. BIRTHPLACE (CITY OR TOWN)  S (STATE OR COUNTRY)	1
(ADDRESS) 723 oplin St. Joplin Mo. Manner of injury	Jen C. Mariela	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
YANA 24 PP   MR A RI 1/1 A A Y	18. BURIAL CREMATION OF REMOVAL	
PLACE FOREST TORK Com DATE / 2 1939 Nature of injury 194 pray related to frequention of deceased 24. Was disease of firstly in my gray related to frequention of deceased.	- and Other Assis	24. Was disease of friedry in any pray related to decusation of deceased
19. FUNERAL DIRECTOR (NAME) CONLY KOMPSON II so, specify (ADDRESS)  (ADDRESS)  (Signal World Market	II. FURSIONE DIRECTOR COMMENTS AND	It so, specify the Coll the Co
20. FILED /- // 1939 END (Signed) (Address 42)	1-11 30 50 70 10000-	(Signed)
Local Registrar. (Licensed Embalmer's Statement on Reverse Side)	Local Registrar.	De la

## RECEIVED

District Health Officer No. 6, District File Number 6-39-310 Date Filed \_\_

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on th	e reverse side of this certificate was embalmed by me,
Cally Thompson	t

Registered Apprentice working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to company)

with the above constitutes grounds for revocation of license.) If this body is not embalmed, above space should be left blank.

	CHECKED IN RED PERCIL.	BUREAU OF VI	BOARD OF HEALTI TAL STATISTICS TE OF DEATH	265-1
1.	PLACE OF DEATH		01/	Do not use this space.
	(a) County	Registration Distric		
	(b) Township	• •	n District No. 2002	Registered No
	(c) City Topics	(d) Street No(If death or	curred in Hospital or Institution, w	rite its name instead of street and number)
	(e) Length of residence in city or town where death		ds. (f) Howlong in U.S.,	if of foreign birth? yrs. mos. ds
	(a) Baridana No			
=	(Usual place of abode, if no	street address, write county		nresident, give city or town and State)
_	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CER	RTIFICATE OF DEATH
3.		MARRIED, WIDOWED, OR ED (write the word)	21. DATE OF DEATH (MONTH, DAY	,
5A	L. IF MARRIED, WIDOWED, OR DIVORCED		2. I HEREBY CEF	TIFY, That I attended deceased from
	HUSBAND OF (OR) WIFE OF		$\tilde{A}$	to, 19
6.	DATE OF BIRTH (MONTH, DAY, AND YEAR)	······	I last saw h alive on	, 19 Death is se
		YS If LESS than 1	to have occurred on the date stat The principal cause of death and	ed above, atm. I related causes of importance were as follow
	21 9 2	day,brs.	Atient X	Date of or
z	8. Trade, profession, or particular kind of		Magazie	- 104/4
Ĕ	work done, as sawyer, bookkeeper, etc		scoures	nece /
CCUPATION	was done, as saw mill, bank, etc	li li		
χ̈́.	10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation	Winder	
		occupation	Hence	N Milk
12,	BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		Other diributory causes of impo	ortance:
ĸ	13. NAME			
THER	13. RAME	<del>-                                    </del>	***************************************	
FAT	14. BIRTHPLACE (CITY OR TOWN)		Name of operation	Date of
<u> </u>			What test confirmed diagnosis?	Was there an autopsy?
빞	15. MAIDEN NAME	) >		causes (violence), fill in also the following:
ξ	16. BIRTHPLACE (CITY OR TOWN)	X		Date of injury, 19
2	(SINIEURCOUNTRY)	· <del>-</del>	where did injury occur	Specify city or town, county, and State)
17.	INFORMANT(ADDRESS)			industry, in home, or in public place.
	BURIAL, CREMATION, OR REMOVAL			
10.	PLACEDATE		Nature of injury	
			24. Was disease or injury in any w	vay related to occupation of deceased?
19.	FUNERAL DIRECTOR(ADDRESS)		If so, specify	thell me-
	FILED / - // 1939 END	la	(Signed)	Cycle State M.
ZD.	FILED: 19	Local Registrar	(Address)	en e

