MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH COUNTY LARLY		CERTIFIC	ATE OF DEATH	32076
Township Language Letters 19 City. C			159	21
City (No. 18. Ward) 2. FULL NAME		•		
2. FULL NAME (a) Reddere, No. (ii) Charles place of abodo) Length of reddence in city or town where death occurred yrs. mos. DEFENSIONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, MIDOWED, OR PROMOTE	2-	Primary Registrati	ion District No. 15 8	Registered No.
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3. SEX 4. COLOR OR RACE Diverse (write the work) Sexual Shift	(Usual place of abode)	yrs. mos.	(II no	onresident, give city or town and State) welgn birth? yrs. mos. ds.
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HUSBAND OF SILVE OF BIRTH (MONTH, DAY, AND YEAR) 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as spinner, with the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinner, with the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinner, with the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinner, with the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinner, with the principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinner, with the principal causes of death and related causes of importance were as follows: 9. Industry or business in which was well, bank eas silk mill, as well, bank eas silk mill, saw bell east eas silk mill, saw well, bank eas		22. I HEREBY CERT	IFY, That I attended deceased from	
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