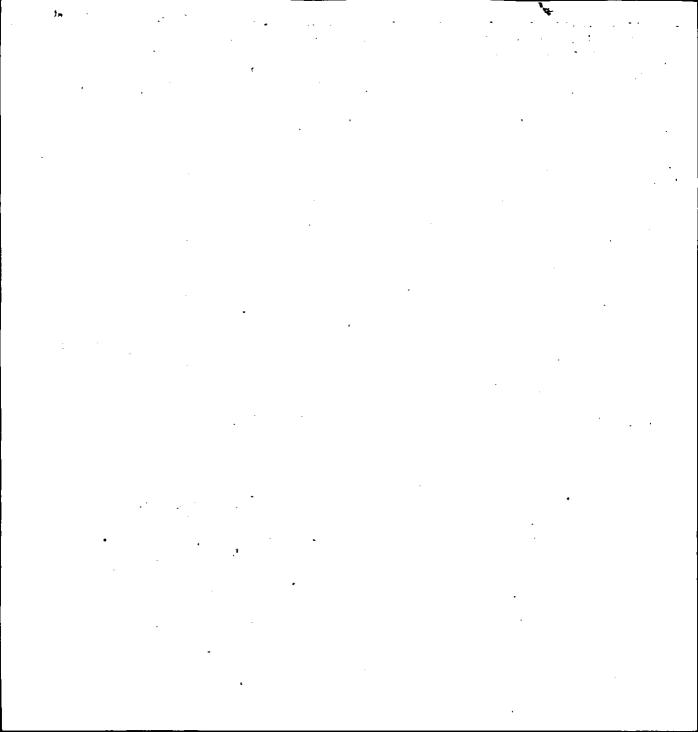
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 19267 1. PLACE OF BEATH County Lacre Registration District No. Primary Registration District No.................. Township True Park Registered No..... 2. FULL NAME. (a) Residence, No... (Usual place of abode) (If nonresident, give city or town and State) vrs. / D mos. Length of residence in city or town where death occurred How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR) RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) narred HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at // m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. or min. 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 11. Total time (years)
spent in this
occupation.... 10, Date deceased last worked at this occupation (month and Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation Date of Was there an autopsy? 200 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury...... Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... 19. UNDERTAKER (ADDRESS) (Signed).



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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

ALL INFORMATION CALLED

		VITAL STATISTICS ATE OF DEATH	FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
1. PLACE OF DEATH		2 ~ 2'	
County Illa	Registration Distri	let No. 325	File No
Township Musulas	Primary Registrati	on District No	Registered No.
City	1	19 26-11	St
2. FULL NAME The same of the s	loey	WW ENENCE	
(a) Residence, No(Usual place of abode)	Si	t.,Ward.	resident, give city or town and State)
Length of residence in city or town where death occurred	i yrs. mos.		
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERT	FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MAI	RRIED, WIDOWED, OR	21. DATE OF DEATH (MONTH, DAY, AN	DYEAR) Mine 22.193
27/ . /// 22	1	22. I HEREBY CERT	IFY, That I attended deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED	<i>-</i>	A.0	V
(HUSBAND OF (OR) WIFE OF		71-4	, to
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	If LESS than 1	to have occurred on the that strated a	bove, atm. ated causes of importance were as follows
7. AGE YEARS MONTHS DAYS	day,hrs.	Care From	Paie of onse
8. Trade, profession, or particular	100	De al Series &	dorton di - a di
		020	ou control of
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	/	J. J.	1001/1
saw mill, bank, etc.	•	A Kellaly one	mated 1
	al time (years) pent in this	Other contributory causes of importan	doe:
year)o	ecupation	Vorgana .	florame - was
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		externing & co	ising obstruct-
<u> </u>		7.5	agrio sado
L 13. NAME	4 ×	Name of operation Colonians In anti-	
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	γV	What test confirmed diagnosis? Was there an autopsy?	
(SIAIL SICCOSITION)	X	23. If death was due to external caus	es (violence), fill in also the following:
15. MAIDEN NAME	У	II .	, Date of injury, 19
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Where did injury occur?(Spec	cify city or town, county, and State)
∑ (STATE OR COUNTRY)		Specify whether injury occurred in ind	
17. INFORMANT(ADDRESS)	***************************************	11	
18. BURIAL, CREMATION, OR REMOVAL		16	
PLACE DATE DATE	,19		related to occupation of deceased?
44 1140-074/70		If so, specify	e occupation of doceased!
19. UNDERTAKER // (ADDRESS)		(Signed)	melle M.D.
20. FILED 6-23 1932 6 Nr. YUTE	euvado	(Address) Jac	Dane min
A	Registrar/	(13441-60)	

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