QR 1039

JGT

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33077

1. PLACE OF DEATH / //	. 120
County Registration Distr	det No. 639
7 Township Primary Registrat	ion District No. 4 383 Registered No.
a CHO Chauson No.	St. Ward)
2 m. O. A.R.	. 0 1 .
2. FULL NAME / LU	aca a
(a) Residence, No.	t., MO Ward.
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos	(If nonresident, give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR	A
Divorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) / 0/// 1932
11/ Widowed	22. I HEREBY CERTIFY, That I attended deceased from
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	10/11/1 , 1921, to 10/11/1/ 151
(OR) WIFE OF wedned	I last saw heare alive on 10/1/17, 1982 Death is sai
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Que 26 1874	to have occurred on the date stated above, at
7. AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and related causes of importance were as follows
day,hrs.	
- 10 1 · 10 · · · · · · · · · · · · · · ·	Theombasis Date of ones
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookkeeper, etc.	10471
9. Industry or business in which work was done, as silk mill,	1112
	10.1
Saw mill, bank, etc	Other centributory causes of importance:
o this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) Drage County	
(STATE OR COUNTRY)	
I I I NAME I MANAGE TO A STATE OF THE STATE	
F	Name of operation
4 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (violence), fill in also the following:
IS MAIDEN NAME / ancy Joyce	Accident, suicide, or homicide? Date of injury
0 16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
(STATE OR COUNTRY)	Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Hadus Van Drehle	
(ADDRESS) 4935 Patent Cive	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL WIG	Nature of injury
PLACE COLORON DATE 1 13/3/7	24. Was disease or injury in any way related to occupation of deceased?
19 UNDERTAKER SLATON CULT	If so, specify
(ADDRESS) Chamon mo.	(Signed) 11 5 4 OWNLY , M. D
20 FILED Clet 14 1932 Exther Gorden	(Address) Clamais MO
Registrar.	

