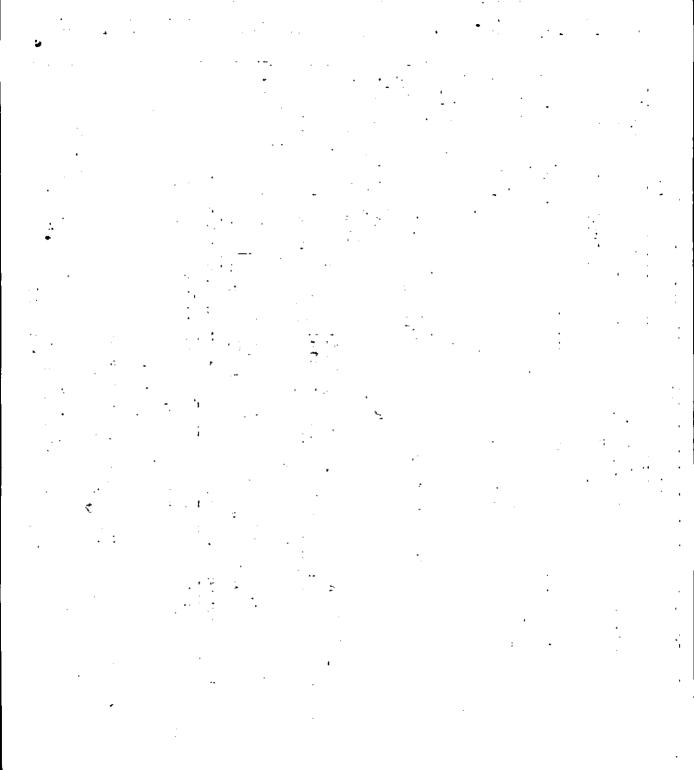
Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS PHYSICIANS should state Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 417721. PLACE OF Registration District No. File No. Primary Registration District No... Registered No. (a) Residence No.....(Usual prace of abode) (If nonresident, give city or town and State) Length of residence in city or town where death orchaded da. How long in U.S., if of foreign birth? mos. mos. ds. should be stated EXACTL 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) DWONCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Death is said 1030P 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE DAYS If LESS than YEARS MONTHS ormin 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Date deceased last worked at 11. Tetal time (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (CITY-OR TOWN) (STATE OR COUNTRY) Name of operation..... What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMAN (ADDRESS) Manner of injury Nature of injury..... 24. Was disease oz If so, specify. (ADDRESS) ono. (Signed)



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

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rict 1 0	on District No. 4283 Registered No. 134
City (No. St. Ward) 2. FULL NAME SUSAN MAROUND St., Ward. (a) Residence, No. St., Ward. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. 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 Divorced (write the word) T Divorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) DOW 14 .1936 22. I HEREBY CERTIFY, That I attended deceased from
54. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I last saw h
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	Date of orset
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 10. Date deceased last worked at this occupation (month and year) spent in this occupation	Storting on Budge y north Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes folence), fill in also the following: Accident, suicide, or homicide?
17. INFORMANT(ADDRESS)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19	Nature of injury
19. UNDERTAKER (ADDRESS)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEDY a. 20 1936 P. a. Holmes	(Address Mt arnow Zuo

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