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APR 27 1937	WISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space.	
1. PLACE OF DEATH  County S. L. FOUGE  Township and Allet  City.  2. FULL NAME MANA	Registration Distr Primary Registration (No. 91.04.40)	19115	File No. 1355 Registered No	58 ••••••••••••••••••••••••••••••••••••
(a) Residence, No Pallul (Usuai place of abode)  Length of residence in city or town where de	AN, RAMONA HA	(If nor	resident, give city or town ar eign birth? yrs. m	nd State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 / 5 . 19		
5A. IF MARRIED, WIDOWED, OR DIVORGED HIISRAND OF (OR) WIFE OF)  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	MARRIED MILBURN	22. HEREBY CERT  9/35 36 19  I last saw hell alive on 3/15  to have occurred on the date stated s	IFY, That I attended d	Death
7. AGE YEARS MONTHS	DAYS If LESS than 1	The principal cause of death and rela		re as f
50 2	day,hrs. ormin.	$\mathcal{V}_{0}$	~_ ^_	Date
Z 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	ousewife	Thomas y w	Brellow h	
work was done, as silk mill, saw mill, bank, etc	11. Total time (years) spent in this occupation	Other contributory causes of importar	1007	
12. BIRTHPLACE (CITY OR TOWN)	forma mo	Chann on	We Die	Ot 19
14. BIRTHPLACE (CITY OR TOWN)	lifornia	Name of operation	Date of	psy?
15. MAIDEN NAME SALE	Penning ton	28. If death was due to external cause.  Accident, suicide, or homicide?		
15. BIRTHPLACE (CITY OR TOWN)	lifernia	Where did injury occur?(Specify whether injury occurred in ind	or town, county, and	State)
17. INFORMANTIA . C. AUGE (ADDRESS) DIECE LAND	Milburn 1	Manner of injury		
18. BURIAL CREMATION, OR REMOVAL	DATE Masch 16 3	Nature of injury		(2
19. UNDERTAKER (ADDRESS)	anyly of	24. Was disease or injury in any wall is so, specify	Clated to occupation of decea	sod?.V.
\\\ \( \nu	CALLET LINE KINY (V	(Signes)		I

