PERSONAL AND STATISTICAL PARTICULARS 3. SEX							Source	Holon	
1. PLACE OF DEATH COUNTY PETLIS Beginner Modern Primary Registration District No.				BUREAU OF V	ITAL ST	TATISTICS / 2	H Do		a.
2. FULL NAME ETGSMIS S. COFFMAN (a) Residence, No. HFD # 5. (b) Residence, No. HFD # 5. (c) Count place of abode) Length of readence in they for twon where death occurred yrs. mos. ds. How long in U. S., if of foreign blick? yrs. mos. ds. How long in U. S., if of foreign blick? yrs. mos. decented in U. S., if of foreign blick? yrs. mos. decented in U. S	1. PLACE C	F DEATH	•4			i i			
2. FULL NAME ETGEMISS S. COFFMAN (a) Residence, No. HFD # 5. (b) Residence, No. HFD # 5. (c) Residence, No. HFD # 5. (d) Residen			********	Registration Distri	let No	668	File No	43-	**
2. FULL NAME ETGSIMIS S. COFFMAN (a) Residence, No. HFD # 5. St. Ward. (If nooresident, give city or town and State) Length of readence in this or town where death occurred yrs. mos. ds. Hew long in U. S., if of foreign blick? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Township	5-0-11/	*	Primary Registrati	en District I	No. 1 2 7 9	Registered	No. 6/8	-
(a) Residence, No. HTD # 5. (Utual place of abode) Length of readence in city or town where death occurred yrs. mos. Definition of the control of the contr	Clty	Sedalia	(Ne. R	FD # 2.	awi.s	E.	St.	•	Ward)
(a) Residence, No. HTD # 5. (Unantishee of abode) Length of readence in city or town where death occurred yrs. mos. Definition of the control of the contro	2 FULL NA	Erasmi	s S. Coff	man 16	- <u>*</u> -				
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS Male Vinite Vinite Married 1. Date of DEATH (MONTH, DAY, AND YEAR) Doath is a to have occurred on the date stated above, at 7:15.9	(a) Res	ddence No RFD #	5.	s		Ward.	***************************************		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male White White Warried Warried S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Married Warried S. J. Farable, Widowed, OR DIVORCED WINDSANDOWED, OR TITLE,	(U:	sual place of abode)	death accurred	vrs. mos.	da.	(II How long in U. S., if o		•	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF PORT! COTTMAN MATTIED CONTINUAL STANDOR 19. CONTINUAL STANDOR				•	11				
Male White Divorce (ortic the word) Married 5a. If MARRIED, WIDOWCO, OR DIVORCED (1987) 5b. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6c. DATE OF BIRTH (MONT	PERSO	NAL AND STATIST	ICAL PARTIC	CULARS		MEDICAL CEI	RTIFICATE C	OF DEATH	
5a. IF MARRINER, WIGOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PORTI COFFMAN 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAT 1071877 7. AGE YEARS MONTHS DAYS II LESS than 1 60 10 19 day, hrs. or mis- 8. Trade, profession, or particular kind of work done, as spinner, WPA FOREMAN 8. Trade, profession, or particular kind of work done, as spinner, WPA FOREMAN 10. Date deceased last worked at which work was done, as sikk mill, saw milli, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAMEAGEIAGE PEARL COFFMAN 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT MITS PEARL COFFMAN 18. BURIAL, CREMATION, OR REMOVAL PLACE OR THE OR DAY OF THE SECONDARY OF THE OR SECONDARY	3. SEX	4, COLOR OR RACE			21. DATE	OF DEATH (MONTH, DAY	, AND YEAR) ·	IAN, 29	. 19 3
11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME And rew Coffman 14. BIRTHPLACE (CITY OR TOWN) 15. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. BIRTHPLACE (CITY OR TOWN) 19. BIRTHPLACE (CITY OR TOWN) 10. BIRTHPLACE (CITY OR TOWN) 11. INFORMANT 11. INFORMANT 12. BIRTHPLACE (CITY OR TOWN) 13. INFORMANT 14. BIRTHPLACE (CITY OR TOWN) 15. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT 18. Separat 18. Date of the contribution of the date stated above, at 7.15.9 19. Industry or business in which work was done, as still mill, occupation (month and year) 19. Industry or business in which work was done, as still mill, as well as this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME And rew Coffman 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAMEAdelade Pearl Hegs 16. Date deceased in this occupation 17. INFORMANT 18. BURNAL CREMATION, OR REMOVAL PLACE OF THE TOWN OF THE STATE OR COUNTRY) 18. BURNAL CREMATION, OR REMOVAL PLACE OF THE TOWN OF THE STATE OR COUNTRY) 19. UNDERTAKER 19. Gillespie Funeral Home (ADDRESS) 19. UNDERTAKER 10. Care of the date stated above, at 7.15.9 11. The principal cause of death and related causes of importance were as follow to the principal cause of death and related causes of importance were as follow. 19. UNDERTAKER 10. Care of the principal cause of death and related causes of importance were as follow. 19. UNDERTAKER 10. Care of the principal cause of death and related causes of importance were as follow. 19. UNDERTAKER 10. Care of the principal cause of death and related causes of importance were as follow. 10. Care of the principal cause of death and related causes of importance were as follow. 19. UNDERTAKER 10. Care of the principal cause of death and related causes of importance were as follow. 19. UNDERTAKER 10. Care of the principal cause of death and re			Marrie	d.					
to have occurred on the date stated above, at 7:154 The PERS MOSTHS DAYS IT LESS than 1 day	HUSBAND	OF	÷				Come	mley	, 19
to have occurred on the date stated above, at 7:154 The PERS MOSTHS DAYS IT LESS than 1 day	(OR) WIFE	of Pearl Cof	fman		I last saw	a Covernous	Care	ander D	eath is sa
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, bracked causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause of death and related causes of importance were as followed by the control of the principal cause o	6. DATE OF BIRT	H (MONTH, DAY, AND YEAR)	Mar.1071	877	to have o	occurred on the date stat	ed above, at.J.i.d	(59 _{7.m} .	
8. Trade, profession, or particular kind of work done, as spinner WPA Foreman 9. Industry or business in which work was done, as silk mill; as will, bank, etc. 10. Date deceased last worked at spent in this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME Andrew Coffman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Was there an autopsy? Macdent, suicide, or homicing activate for longery, and state) 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis? Was there an autopsy? Macdent, suicide, or homicing activate for longery, and state) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT MITS Pearl Coffman (ADDRESS) Sedalia, MO. BURIAL, CREMATION, OR REMOVAL PACPI GROUNT HILL Comp. DATE Feb. 1, 1938. 19 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, MO. (Signed) What test confirmed diagnosis? Was there an autopsy? Manner of injury occurred in Industry, in home, or in public place. Name of operation. What test confirmed diagnosis? Was there an autopsy? Macdent, suicide, or homicing activate in Industry, in home, or in public place. Name of operation. What test confirmed diagnosis? Was there an autopsy? Macdent, suicide, or homicing activate in Industry, in home, or in public place. Name of operation. What test confirmed diagnosis? Was due to external causes (violence), fill in also the following: Accident, suicide, or homicing activate in Industry, in home, or in public place. Specify whether injury occurred in Industry, in home, or in public place. 14. Was disease or injury in any way related to occupation of deceased? Accident suicident in the public place of injury for a power of injury in any way related to occupation of deceased? Accident suicident su	7. AGE YE				The prine	cipal cause of death and	l related causes of	- r	
8. Trade profession, or particular kind of work done, as silk mill. 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 (month and year) 11. BIRTHPLACE (CITY OR TOWN) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME And Tew Coffman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Where did injury occur? Where did injury occurr? Where did injury occurr? Where did injury occurred in industry, in home, or in public place. Manner of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in home, or in public place. Nature of injury whether injury occurred in industry, in one, or in public place. Nature of injury whether injury occurred in industry, in one, or injury in any way related to occupation of deceased? And the contributory causes of importance: Other contributory causes of importance: What test confirmed and the contributory causes of importance: Nature (Industry occurred in industry, in home, or in public place.) Nature of injury whether injury occurred in i	60	10	19		aer	dental - tu	wer by	truck.	Tarte of on:
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) 11. Total time (years) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME And Tow Coffman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va. 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va. 17. INFORMANT (ADDRESS) 18. BURIAL CREMATION, OR REMOVAL PLACPLORIGHTH HILL Com. DATE Feb. 1, 1938 19. UNDERSTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. ACIDENTALE (Signed) Cyarlo Other contributory causes of importance: What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in Industry, in home, or in public place. Manner of injury Star Clark Nature of injury Star Clark Nature of injury Star Clark Nature of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 16. Specify whether injury occurred in Industry, in home, or in public place. Manner of injury Star Clark Nature of injury Star Clark Specify whether injury occurred in Industry, in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify whether injury occurred in Industry in home, or in public place. Manner of injury Star Clark Specify star or injury in any way related to occupation of deceased? The star of the public place. Manner of injury Star Clark Specify star or injury	8. Trade, pr	ofession, or particular			0	Fratural St	ance 1		
12. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY) 13. NAME And rew Coffman 14. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY) 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (STATE OR COUNTRY) 18. BURIAL CREMATION, OR REMOVAL PLACPLESSON 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, MO. DATE OR COUNTRY 19. UNDERTAKER Gillespie Funeral Home (Signed) City of town, as slik mili, saw mill, bank, etc. Other contributory causes of importance: Other contributory Other contributory Other contributory Action And And And And And And And And And An	Sawyer		A Foreman	.	Q	Rupturdle	ishoom		
Other contributory causes of importance: Other contributory causes of inportance: Other contributory causes of importance: Other contributory causes of inportance: Other contributory causes of inportance: Other contributory causes of importance: Other contributory causes of i	9. Industry	or business in which vas done, as silk mill,			(3)	Rustwed W	adder		ļ
Other contributory causes of importance: Other contributory causes of inportance: Other contributory causes of importance: Other contributory causes of inportance: Other contributory causes of inportance: Other contributory causes of importance: Other contributory causes of i	ā saw mi		54 Ph.4.1 42		(4)	Frantivel Acl	as y mb		
12. BIRTHPLACE (CITY OR TOWN) Ft. Seibert (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia Mo. Removal PLACE (CHY OR TOWN) (STATE OR COUNTRY) 18. BURIAL, CREMATION, OR REMOVAL PLACE (CHY OR TOWN) (STATE OR COUNTRY) 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) 19. UNDERTAKER Gillespie Funeral Home (Signed) Funday Day Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Õ this oc	cupation (month and	speni	t in this	Other cor	otributory causes of impo	ortance:		
(STATE OR COUNTRY) 13. NAME And Tew Coffman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Was there an autopsy? 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) Sedalia Mo. R DATE Feb.l. 1938 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo. (Signed) Value Name of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. Manner of injury 18. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Gillespie Funeral Home (Signed) (Signed)		77. 0		paction.		***************************************		12.	
13. NAME And Tew Coffman Name of operation. Date of 14. BIRTHPLACE (CITY OR TOWN) W.Va. 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) W.Va. (STATE OR COUNTRY) W.Va. 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R. 5. 18. BURIAL CREMATION, OR REMOVAL PLACE Least of the country Place Place Place 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. 19. UNDERTAKER Gillespie Funeral Home (Signed) For Manual Man	12. BIRTHPLACE (STATE OR CO	(CITY OR TOWN)	elbert V.V	8-		***************************************	V j		
Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, country, and State) (Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. Name of operation. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. Name of operation. What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. Nature of injury Leas and to compare the compared in Industry, in home, or in public place. Nature of injury Leas and to compare the compared in Industry. Nature of injury Leas and to compare the compared in Industry. Nature of injury Leas and to compare the compared in Industry. Nature of injury Leas and to compare the compared in Industry. Nature of injury Leas and to compared the compared in Industry. Nature of injury Leas and to compared the compared the compared to compared the compared to compared the	<u> </u>			-		***************************************		,	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? (Specify city or town, country, and State) (Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT MITS Pearl Coffman (ADDRESS) Sedalia Mo. R 5. 18. BURIAL CREMATION, OR REMOVAL PLACPLEASANT Hill Com. DATE Feb. 1 1938 19 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) Town (Signed) Manner of injury in any way related to occupation of deceased?	I II. NAME	Andrew Coff	man						
23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAMEAdelade Pearl Hess 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R. 5. 18. BURIAL, CREMATION, OR REMOVAL PLACPLEAGANT Hill Com. DATE Feb. 1, 1938 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Asserbly in a local finity occurry. In the country, and State) (Specify whether injury occurred in Industry, in home, or in public place. Manner of injury Research Control Nature of injury Resear	4. BIRTHPLA	ACE (CITY OR TOWN)	W.Va.		What test	t confirmed diagnosis?	<u>w</u>	as there an autops	y?Yea
Where did injury occur? (Specify city or town, country, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Where did injury occur? (Specify city or town, country, and State) (Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R 5. Nature of injury (Plantage of Injury) Nature of injury (Plantage of Injury) 24. Was disease or injury in any way related to occupation of deceased? The injury occurred in Industry, and State) 18. BURIAL CREMATION, OR REMOVAL PLACE COMMAND (Specify city or town, country, and State) Specify whether injury occurred in Industry, in home, or in public place. Nature of injury (Plantage of Injury) 24. Was disease or injury in any way related to occupation of deceased? The injury occurred in Industry, in home, or in public place. 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed)	œ l				23. If dez	ath was due to external	causes (violence),	fill in also the foll	lowing:
Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R 5. 18. BURIAL CREMATION, OR REMOVAL PLACPLEGEORY Hill Com. DATE Feb. 1, 1938 19 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) Total (Signed) Manner of injury occurred in Industry, in home, or in public place. 17. INFORMANT Mrs. Pearl Coffman Manner of injury occurred in Industry, in home, or in public place. 18. Was disease or injury in any way related to occupation of deceased? The public place. 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) Total	T (10. 10.711111111111111111111111111111111	MEAdelade Pec	TT Hess		Accident,	suicide, or homicide?	Carl Dat	e of injuryiss.	.X, 19.5X
Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R 5. 18. BURIAL CREMATION, OR REMOVAL PLACPLEGEORY Hill Com. DATE Feb. 1, 1938 19 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) Total (Signed) Manner of injury occurred in Industry, in home, or in public place. 17. INFORMANT Mrs. Pearl Coffman Manner of injury occurred in Industry, in home, or in public place. 18. Was disease or injury in any way related to occupation of deceased? The public place. 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo. (Signed) Total			W Va	-1-14 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	M Dere ale	a injury occuri	Specify city or to	wn, county, and St	tate)
(ADDRESS) Sedalia Mo. R 5. Manner of injury Remarks Crarl Cruck Nature of injury Remarks Cruck Nature of injury R	(512120				Specify, w	hether injury occurred in	ı Industry, in hom	e, or in public plac	:e.
18. BURIAL CREMATION, OR REMOVAL PLACE I COM DATE Feb al 1938 19 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, MO. Nature of injury Sea. Colores 24. Was disease or injury in any way related to occupation of deceased? The (Signed) (Signed) Nature of injury Sea. Colores (Signed)	17. INFORMANT (ADDRESS)	MIS FEBIL UC Sedalia Mo	7 5.				by Grand	trush	
19. UNDERTAKER Gillespie Funeral Home If so, specify (Signed) Worken State M. M.					11			***************************************	
19. UNDERTAKER Gillespie Funeral Home If so, specify (Signed) Worken State M. M.	PLACE DO	cent Hill Com.	DATE Feb	1,1938	24. Was	disease or injury in any v	way related to occ	upation of decease	d7 920
(ADDRESS) Seda 118, MO. (Signed) Avidon Sauthebe M.		Gillespie Fu	neral Hon		If so, spec	city		0 6	<u> </u>
20. FILEDJUM 31- 1958 Year Stack Registrar. (Address) Comor y Valetis Courty	(ADDRESS)	Seceri		1 /	(Sign	od) & Fyrden	Dayf	rete-	, м. г
(/ недіятат. п	20. FILED	31- 1058 /1	ean St	acre	1 , 11	(Address)(Upppy	, y Velet	s County	······
<u> </u>				Hegistrar.	11 . 21 6 4				<u> </u>

BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

CHECKED IN RED PENCIL.	BUREAU OF N	ITAL STAT		3727		
1. PLACE OF DEATH			118	Do not use this spa	ce.	
(a) County	Registration Distr	2	000 140	21- Oneck 11	4	
(b) Township	Primary Registrat	ion District No.7.	5042129	Remissered No.		
(c) City Colonia Colon		neguered in Houn	ital or Institution write	e its name instead of street and	numi	
(e) Length of residence in city or town where de			How long in U. S., if		los.	
2. PRINT FULL NAME Exas	mus & M	alden	an			
	Market	· war of free free free free free free free				
(a) Residence, No(Usual place of abode, if	no street address, write count	y or city)	(If nonre	sident, give city or town and S	tate)	
PERSONAL AND STATISTICAL			MEDICAL CERT	IFICATE OF DEATH		
	GLE, MARRIED, WIDOWED, OR	0.00				
\sim 11) \sim 1000	ORCED (write the word)	II	DEATH (MONTH, DAY, AI	7		
5A. IF MARRIED, WIDOWED, OR DIVORCED		- 22. IH	EREBY CERT	IFY, That I attended do	CCELEC	
HUSBAND OF (OR) WIFE OF				to		
		I last saw h		, 19	Deat	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS	DAYS If LESS than 1	to have occur	red on the date stated	above, atm.		
/. AGE TEARS MORTHS	day,hrs.	The principal	cause of deathrand re	dated causes of importance we	_	
00 10	// ormin.	- 1	()		Date	
Z 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc		1				
9. Industry or business in which work		\ \	X	(
9. Industry or business in which work was done, as saw mill, bank, etc	11. Total time (years)		***************************************	***************************************		
this occupation (month and	spent in this		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	
	- Cocception	Divor contain	utory causes of imports			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	14	A Course country	utory causes of importa	ance.		
		Ħ	*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13. NAME		-	***************************************			
13. NAME		N		Data of		
(STATE OR COUNTRY)		 	•	Date of		
# 15. MAIDEN NAME				· · · · · · · · · · · · · · · · · · ·		
E A	*	-11		uses (violence), fill in also the fo Date of injury		
O 16. BIRTHPLACE (CITY OR TOWN)		411	ury occur?			
)	-11	(Sp	ecify city or town, county, and idustry, in home, or in public pl		
17. INFORMANT	<u></u>	opecity wheth	or relate occurred in in	reserved in morne, of the brotte br		
(ADDRESS)		Manner of inj	ury	***************************************		
18. BURIAL, CREMATION, OR REMOVAL		"	-	***************************************		
PLACEDAT		-li		related to occupation of deceas		
19. FUNERAL DIRECTOR	,	If so, specify		A		
(ADDRESS)	f it	(Signed)	0 Gord	on Hausfack	ac	
			ros Carone		,	

5-3727 1934