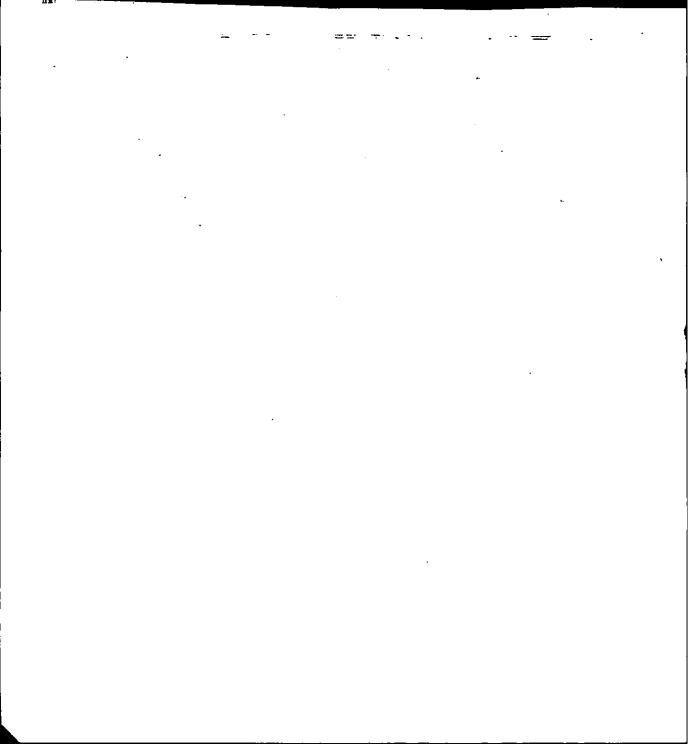
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 22204 Registration District No..... County Registered No. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred , mes. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) Married I HEREBY CERTIFY. That I attended decreased from, 5a. If Married, Widowed, or Divorced HUSDANGEUF (OR) WIFE OF death occurred, on the date stated above, at 1853 6. DATE OF BIRTH (MONTH, DAY AND YEAR) HE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE DAYS If LESS than I YEARS MONTHS day,hrs. ornin. B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, (SECONDARY) business, or establishment in(duration).....yrs.....mos which employed (or employer) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHS 70 DATE OF 10. NAME OF FATHER WAS THERE AN AUTOPSYL THE WHAT TEST CONFIRMED DIAGNOSIS? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13, BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address 15.



	BUREAU C	TE BOARD OF HEALTH OF VITAL STATISTICS OF DEATH	FOR MUST BE WRITTEN THIS SUPPLEMENTARY.	ON
1. PLACE OF DEATH. County Carro Township	el	District No. 135 [istration District No. 3010 ickel Brewe	File No. 22204 Begintered No. St.	
(a) Besidence. No		St.,	onresident give city or town and State foreign birth? yrs. mos.) ds
PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH	
3. SEX 4. COLOR OF DATE OF MARRIED, WIDOWED, OR DIV HUSBAND OF (OR) WIFE OF	DIVORCED (write the wor	that I last saw h	Y, That I attended deceased from	19
DATE OF BIRTH (MONTH, DAY AGE YEARS MO OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.	DAYS II LESS & day,	ban 1 Hypotatic PL	She had be	10 10 10 10
(b) General nature of industry business, or establishment in which employed (or employer). (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)	,. 	CONTRIBUTORY SECONDARY) 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATHT	duration also	
10. NAME OF FATHER 11. BIRTHPLACE OF FATH (STATE OR COUNTRY)	IER (CITY OR TOWN)	DID AN OPERATION PRECEDE DEATH: WAS THERE AN AUTOPSY:	185	
12. MAIDEN NAME OF MO 13. BIRTHPLACE OF MOTH (STATE OR COUNTRY)			EATH, or in deaths from VIOLENT CAUSES, and (2) whether ACCIDENTAL, SUICIN	
14, Informant (Address)		19. PLACE OF BURIAL, CREMATIC	ON, OR REMOVAL DATE OF BUR	RIAL 19
15. FILED Inly 8, 193. C.	mrs && f-ar	erle 20. UNDERTAKER	ADDRESS	

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