d state ortant.	MAY 9?	(433)	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Į.	Do not use this space.		
WHITE PLAINLY, WITH UNFADING INKTHIS IS A PERNANENT RECORD N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	1. PLACE County. Townsh	anal		Registration Distriction	n District No. 5/8.7		File No	
	(a) R	AME	DE C	yrs. mos.	Ward. (1) ds. Howlong in U. S., if	f nonresident, give city or (of foreign birth? yrs.	town and State) mos. ds.	
	3. SEX 5A. IF MARRIED, HUSBAN (OR) WIF 6. DATE OF BII 7. AGE 8. Trade, kind saw to the saw to t	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS B. 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) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER. A DECEMBER OF TOWN			21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. HEREBY CERTIFY, That I uttended deceased from 1922 1922			
				Registrar.		> .		

