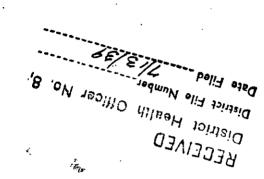
		MISSOURI STATE	BOARD OF HEALTH	
ç	11	· · · · · · · · · · · · · · · · · · ·	ITAL STATISTICS	a mmm
4	rtant	CERTIFICA	TE OF DEATH	not use this space.
should state	por	(a) County Banall Registration District	+ No. 135	ior are this special
į	Ī ,07	II ,	2010	. 19
70	E//	or O		10
~ ×	2	(c) City (analiton (d) Street No. (II death or	coursed in Hospital or Institution, write its name inster	d of street and number)
	ION is ver	(e) Length of residence in city or town where death occurred yrs. mos.		yrs. mos. de.
	Ö /	2. PRINT FULL NAME The dage	Mosden	
RECORD	AT.		G4	14-1-4-1-114-1-1-1-1-1-1-1-1-1-1-1-1-1-
	P.	(a) Residence, No. (Usual place of abode, if no street address, write county	or city) (If nonresident, give city	or town and State)
PERMANENT PARACTLY.	осспрат	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
A S	å o	3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR	0	11
E X	ent	DIVORCED (writes the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR)	ne 7 4 190/
<u> </u>	B	tendo Mile Infant	2. I HEREBY CERTIFY, That	
A F	tat	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	June 2/ ,1939, to Ju	ne 24 , 19 39
/ SI	1	(OR) WIFE OF	I last saw h. P. V. alive on June 24	, 19.5.7. Death is said
S		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2/, /939	to have occurred on the date stated above, at	<u>F.</u>
= 2		7. AGE YEARS MONTHS O DAYS If LESS than 1 day,hrs.	The principal chuse of death and related causes of	importance were as follows:
HT-:	60		1-	Date of onset
	assifi	Z 8. Trade, profession, or particular kind of	h 0-00 - 100 -	***************************************
INK	clan	B. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in which work	- Carriago de la companya della companya della companya de la companya della comp	
_ K	÷			
DING	, od	10. Date deceased last worked at 11. Total time (years) 0 this occupation (month and spirit in this occupation.	- man	
FADIN	ă	δ year) occupation occupation		······································
	<u> </u>	12. BIRTHPLACE (CITY OR TOWN) Canallan	Other contributory causes of importance:	<i>I</i> I
UNI	nay g	(STATE OR COUNTRY) Missouri		
Ξ	# 1	13. NAME Gerald Life Wroden		
71/ 1. b.d	ıat	F   $ A  =  A  +  A$		
<b>W</b> .	0 E	4 14, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation	Date of
<u>}</u>	s,		What test confirmed diagnosis? Wa	s there an autopsy?
INI.	Į.	15. MAIDEN NAME CLIPY LA ROLL	23. If death was due to external causes (violence), i	
TE PLAIN	t t	6 16. BIRTHPLACE (CITY OR TOWN) Bagas	Accident, suicide, or homicide? Date	of injury, 19
(1)	plain	STATE OR COUNTRY)	Where did injury occur? (Specify city or tow	n, county, and State)
7E	is .	B. O. I O	Specify whether injury occurred in industry, in home	
R	Ħ	17. INFORMANT Cleulas (unauto flasa)		***************************************
<b>1</b>	SA1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	_
P.	[ 집	PLACE Glue Mound DATE June 26 ,1039	Nature of injury	
103 EV	OF DEATH in	1220114	24. Was disease or injury in any way related to occu	pation of decemped 7
×16605	贸	19. FUNERAL DIRECTOR (NAME) (ADDRESS)	If so, specify	Africani
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	CAUSE	7-1 39 Juste Haskey	(Signed)	The state of the s
	೮	20. FILED 1937 Local Registrar.	(- ) / / (Address) ( / /	TIND
A			tatement on Reverse Sitte)	777



Licensed Embalmer No.

CODA ODDANIESKOU	DW	LICENTERN	CAIDALMED

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by					
, Registered Apprentice No					
working under my personal supervision.					

with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.