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	² FULL	NAME	Ge	orge Ern	est Jac	obs.	***************************************	give its NAME inste of street and number.
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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

The enclosed certificate is defective for the reason that the cause of death is not stated.

Please correct, sign and return, together with this card.

J. A. B. ADCOCK, M. D.,

State Registra

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