	monoe.
MISSOURI STATE BOARD OF HEAD BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	36873 Do not use this space.
(a) County PETIIS. Registration District No.	318
(b) Township Primary Registration District No. 3. D. 3.	Registered No. O.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long i	ution, write its name instead of street and number n U. S., if of foreign birth? yrs. mos.
(a) Residence, No	(If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS MEDICA	L CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 21. DATE OF DEATH (MOR	ATH, DAY, AND YEAR) 10-25- 19
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Liast saw h. St. alive on	CERTIFY, That I attended deceased ,1935, to
7. AGE YEARS MONTHS DAYS If LESS than 1 day,	late stated above, at
9. Industry or business in which work	m x of word
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) occupation.	
12. BIRTHPLACE (CITY OR TOWN) Colfornia Other contributory causes (STATE OR COUNTRY)	of importance:
13. NAME asillian appeared	•
13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation What test confirmed diagn	Date of Date of Was there an autopsy?
Accident, suicide, or homic	xternal causes (violence), fill in also the following cide? Date of injury
17. INFORMANT Ulfeld to colet (ADDRESS) 18. Clarify War	(Specify city or town, county, and State) curred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL PLACE COLLIFORNIC Mo. DATE /0 - 26 - 1937 Manner of injury	2,
19. FUNERAL DIRECTOR (NAME) Mc deughlin Den 11 to specify	in any way related to occupation of deceased?
20. FILED 10-26, 1939 WM Harry Smeld-11, (Address) (Address)	INIMITA Solate The

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·		· • • • • • • • • • • • • • • • • • • •	12.	Officer No. 8,	District Health
				•	
					5 5

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,

Licensed Embalmer No...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

	CERTIFICA			TITAL STATISTICS 36873			
11	LACE OF DEATH	Hin			ict No. 668	Do not use this space.	
, `	b) Townships	~_~	**************		on District No. 3 0 3 2	Destate 237	
<u>4</u> .	c) Challed	2/				Registered No	
ວຼ່∥	e) Length of residence i			(If death	occurred in Hospital or Institution, write i		
E	c) Length of Festidence I	n chy or lown whe	re death occur	red yrs. mo	s. ds. (f) Howlong in U.S., if of	foreign birth? yrs. n	nos.
g 2. P	RINT FULL NAME	um	va	caap			**********
e (ı) Residence, No(U	sual place of abod	o, if no street :	address, write count	y or city) (If nonresi	dent, give city or town and S	tate)
ե∥===	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS		FICATE OF DEATH	<u> </u>
일 3. S	EX 4. COLO	R OR RACE 5.	SINGLE, MARR	ieg, Widoweg, or		/ TC:	
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₩ 5A.	IF MARRIED, WIDOWED, OR I	DIVORCED			22. I HEREBY CERTI	•	
الق	HUSBAND OF (OR) WIFE OF					, to	
 11	ATE OF BIRTH (MONTH,	DAY, AND YEAR)				, 19	Death
7. A	GE YEARS	MONTHS	DAYS	If LESS than 1	to have occurred on the date stated all The principal cause of death and rela	ted causes of importance wer	re as fo
₹ ∥	83	/	19	day,brs. ormin.	10 & Prima	MD. I	Date o
N 0	8. Trade, profession, or	particular kind of	!		accom	37 / where	صياء
	work done, as sawyer 9. Industry or business	in which work			Cast Xi ()	(× × 0	
CCUPAT	was done, as saw n					as he	
46 II A I	10. Date deceased last v this occupation (mo year)	onth and	spent	time (years) in this ation			
— ت			остар		other contributory causes of importan	FA*	
12. I	BIRTHPLACE (CITY OR TO (STATE OR COUNTRY)	WN)			Milisteri	Ellam 7	?
es ~	13. NAME			A	Lymeia	(12-13-24)	
<u>" II 🗄 1"</u>	<u>-</u>					S 04.24	
	14. BIRTHPLACE (CITY OF (STATE OR COUNTRY)	R TOWN)	/	\mathcal{J}	Name of operation	Date of	ļ
<u>}</u> 				X ,	Whatest condemed diagnosis?	Was there an autor	osy?
## II T -	15. MAIDEN NAME		$\overline{\mathcal{A}}$	<u> </u>	23. death was due to external cause		
MOT	16. BIRTHPLACE (CITY OF (STATE OR COUNTRY)	R TOWN)			Accident, suicide, or homicide? Where did injury occur?		
<u>2 2 </u>	(STATE OR COOKIN)				.[] (Speci	ily city or town, county, and	State)
a 17. 1	NFORMANT (ADDRESS)		-		Specify whether injury occurred in Inde	astry, in nome, or in public pr	ace.
TAN 17. 1	BURIAL, CREMATION, O	P PEMOVAL	<u> </u>		Manner of injury	***************************************	
Æ	PLACE	I AGMOVAL	DATE	16	Nature of injury		
19. F					24. Was disease or injury in any way r	elated to occupation of deceas	sed?
19. F	UNERAL DIRECTOR (ADDRESS)	1.4			If so, specify	l E mour	
S 11		 	 , ,		(Signed)	0: 14000	المسيمين
[] 20. F	'ILED, 1	i9		Local Registrar.	(Address)		

