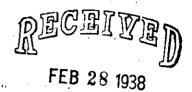
BUREAU OF V CERTIFICA	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH Do not the thickness
1. PLACE OF DEATH (a) County M. Registration Distriction	ct No
(b) Township 711 reac Primary Registration	on District No
	ccurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos 2. PRINT FULL NAME Well Robertson M. S.	ds. (f) Howlong in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME A LEL A STELLAR M. 2. (a) Residence, No.	St. \
(Usual place of abode, if no street address, write county	or city) (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR	MEDICAL CERTIFICATE OF DEATH
DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 // 7 , 193
Male It hate Married 5A. IF MARRIED, WIDDWED, OR DIVORCED	22. I HEREBY CERTIFY, That I attended deceased fro
HUSBAND OF (OR) WEEF OF Wiola MC Pherson	I last saw h alive on Live 1, 19. Death is as
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1	to have occurred on the date stated above, at
day,hrs.	The principal cause of death and related causes of importance were as follow
Z 8. Trade, profession, or particular kind of	Durante vy
work done, as sawyer, bookkeeper, etc	naugung
10. Date deceased last worked at 11. Total time (years)	11,5
this occupation (month and spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Clarks Lung (STATE OR COUNTRY)	Other contributory causes of importance:
The man of	
13. NAME Stray M. & Therson V. 14. BIRTHPLACE (CITY OR TOWN) Manuteau Co.	
14. BIRTHPLACE (CITY OR TOWN) Manufeau (O STATE OR COUNTRY)	What test confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME Mary M. Hill	23. If death was due to external causes (violence), fill in also the following:
5 16. BIRTHPLACE (CITY OR TOWN)	Accident, suicide, or homicide? Sugar de Date of injury 200, 19. Where did injury occur? Of his home
2 (STATE ON COUNTRY) MO.	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home of in public place.
17. INFORMANT MAIN NAME OF THE STATE OF THE	in bary at home
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nature of injury
PLACE Mt. March DATE 200	24. Was disease or injury in any way related to occupation of deceased?
19. FUNERAL DIRECTOR SURELY 6 VILLANDE.	(Signed) The Popletry Coroner, M.
20. FILED 2. 21 1938 J. C. Martin	- ((Address) Odleforma mo
Local Registrar. (Licensed Embaimer's St	204F



BUREAU OF VICE STATISTICS MO. STATE BUIRD OF HEALTH

SIAIEMENI DI	LICEASED EMBALMENT
1. James & Richards	Licensed Embalmer No. 2 466
hereby certify that the body recorded on the reverse side of this cert	

L.E

No......, Registered Apprentice No......

working under my personal supervision.

Q.5. D. /

5 V h

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