	OCT-3	0 15	30		URI STATE BUREAU OF V CERTIFIC		ATISTICS	LTH	Do	not use this	space.	
	1. PLACE OF	DEATH	н				<i>a</i>		ſ,	305,	56	
	County L.	onite	eau	,,,,,,,	Registration Distri	ict No	2/4		File No		5	
	Township	Burr	ris Fork		Primary Registration	on District No.	57743		Registered	No2.	14	
	City			(No				,	St.	*************		Ward
		_ 1643	ilia Farr	4.0			4					
					St							
	(Usua	u place o	f abode)				Ward	(If nonres	ident, give c	ity or town	and State	e)
	Length of reside	nco in cit	ty or town where	death occurred	yrs. mos	s. ds.	How long in U.	3., if of forei	gn birth?	yra.	mos.	d
	PERS	ONAL A	AND STATIST	ICAL PARTIC	ULARS	1	MEDICAL	L CERTIF	ICATE OF	DEATH		
3.	SEX	4. COLO	OR OR RACE		RIED, WIDOWED OR prite the word)	11	OF DEATH (MON	TH, DAY AND	YEAR) SE	pt,19	h,193	3()
	Female	Whi	ite l	Widow	eđ	17.	EREBY CERT	IFY That	I attended d	lacescal (re		
	IF MARRIED, WI	DOWED. O					-	19 <i>JR</i> .	to L		7	<u>ت ه د</u>
HUSBAND OF (OR) WIFE OF						that I last :	aw h 41 alive	on 🔎	cpt!	18	19. <i>3.U</i> a	nd t
_			Minor Fa			death occu	rred, on the date	stated abov	e,′at3 <u></u> 1	.5	P	.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27th 1841 7. AGE YEARS MONTHS DAYS I ILLESS than							THE CAUSE OF DE	EATH WAS	AS FOLLOWS:			
1. 1	AGE Y	EAR\$	Months	DAYS	If LESS than 1 day,hrs.	1	nceru		mji	wy	ン .	
	89]	2	22	ormin.	120	ceived	Te	$y()\alpha$	400	u	
_	OCCUPATION O	VE DECE			<u>. </u>	12/31	.*		, -			
8.	(a) Tendo es	ofoosies.				1.0%	***************************************		drivetton)	vea	mae \	3
	particular kin	d of worl	kHou	se Wife	***************************************	1						A4
	(b) General n		• • • • • • • • • • • • • • • • • • • •			1						
						CONTRIBU (SECONDA	TORY RY)					
	business, or e	establish	ment in	4****************	,	(SECONDA	TORYRY)					
	business, or e	establish red (or e	ment in :mployer)			(SECONDA	RY)	(6			mos	
	business, or e which employ (c) Name of e	establish red (or e employer	ment in employer)		<u></u>	(SECONDA	WAS DISEASE CONTI	(c	duration)	yrs		
9. B	business, or e which employ (c) Name of e	establish yed (or e employer	ment in employer)			(SECONDA	RY) WAS DISEASE CONT! FAT PLACE OF DEAT	(c	duration)	yrs.	******	
). B	business, or e which employ (c) Name of e BIRTHPLACE (CI (STATE OR COU	establish rod (or e employer ITY OR TO NTRY)	ment in employer)	io	<u></u>	(SECONDA	WAS DISEASE CONTI	(c	duration)	yrs.	******	
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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH . 1. PLACE OF DEATH Redistration District No..... Primary Registration District No. 577748 Registered No. statement of OCCUPATION is very BEDSt._ (If nonresident give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COMPLET 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should be death occurred, on the date states 6. DATE OF BIRTH (MONTH, DAY AND YEAR) UNTIL 7. AGE YEARS MONTHS DAYS If LESS than 1 classified. day,brs.min. 8. OCCUPATION OF DECEASED carefully supplied. (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in 'which employed (or employer)...... FOR (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED N. B.—Every item .,' information should be ex CAUST OF DEATH :n plain terms, so that it 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHY (STATE OR COUNTRY) DID AN OPERATION PRECIDE DEAT 10. NAME OF FATHER WAS THERE AN AUTOPSY WHAT TEST CONFIRMED DIAGNOSIS? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) , 19 12. MAIDEN NAME OF MOTHER (Address) *State the DISTASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OF (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental Suicidal or (STATE OR COUNTRY) HOMICIDAL. *PEGISTRARS* 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19 Busillande Moo ADDRESS Russell

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