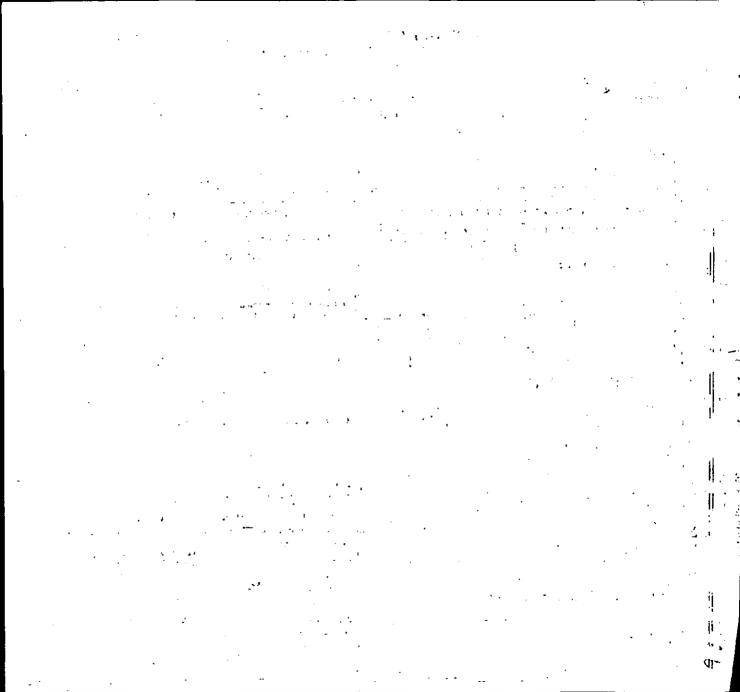
LEGO SEP 2 7 1930 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County..... Registration District No...... File No. statement of OCCUPATION is very Primary Registration District No.... Registered No. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign hirth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 22. MARRIED, WIDOWED, OR DIVORCED ., 19....., to..... HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at......m. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation..... 14. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis? Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also, the following: 15. MAIDEN NAME Assistant, suicide, or homicide?.... Where did injury occur? 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury .. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (ADDRESS) (Signed)... Registrar.



MISSOURI STATE BOARD OF HEALTH FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL. BUREAU OF VITAL STATISTICS 295-20 CERTIFICATE OF DEATH 1. PLACE OF DEATH Do not use this space. noniteau Registration District No. 374
Primary Registration District No. 3722A (b) Township Lenn Registered No. (a) Residence, No......(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) CONTRACTO PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) I HEREBY CERTIFY. That I attended deceased from ANE 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** to....., 19..... (OR) WIFE OF TEST 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of leath and related causes of importance were as follows: 7. AGE YEARS MONTHS URTIL 8. Frade, profession, or particular kind of ATIFICATES work done, as sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 3 14. BIRTHPLACE (CITY OR TOWN)..... Y STATE OR COUNTRY) RECEIVE What test confirmed diagnosis? Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN)...... þ Where did injury occur? (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. TIMARS SMALL 17. INFORMANT..... (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED Sept 2 197 Jus Cobie O

