LADING INV---INIO

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MISSOURI	STATE	BOARD	OF	HEALTH			
BUREAU OF VITAL STATISTICS							

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Township Primary Registration District No. 5 4 5 Registered No. 8 9  City (No. St. Ward)  2. FULL NAME And City of town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)  Male And State 1 attended deceased from	1. PLACE OF DEATH	,	347	i			
City NAME OF STATES (CITY OR TOWN)  2. FULL NAME AND ALL AND STATISTICAL PARTICULARS  3. SEX	County Tenu	_	Ct 100	File No.			
(a) Recidence, No.  (a) Recidence, No.  (b) Recidence, No.  (c) Recidence, No.  (c) Recidence, No.  (d) Recidence in city or town and base)  (e) Length of residence in city or town and base)  (e) Length of residence in city or town where death occurred yrs.  (g) Residence in city or town and base)  (g) Length of residence in city or town where death occurred yrs.  (g) Residence in city or town and base)  (g) Length of residence in city or town and base)  (g) Le	Township Joyar	Primary Registration District No					
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Length of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  DIVORCED (urrise the word)  A. IF MARKEED, WIDOWED, OR DIVORCED  (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  PARS  1. The principal cause of death and related causes of importance were as follows: and of work cone, as spianer, and the word was done, as spianer, and the cocupation (month and year)  10. Date decreased last, worked as the cocupation (month and year)  11. BIRTHPLACE (CITY OR TOWN)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. STATE OR COUNTRY)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMATION, OR REMOVAL  PACE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	2. FULL NAME William Perry From						
Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., If of foreign birth?   yrs.   mos.   ds.	(a) Residence, No	bı		oppositions give alter as them and Casta)			
3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED WIDOWED OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  5A. IF MARRIED WOODED, OR DWORED (write the word)  6. DATE OF DRATH (MONTH, DAY, AND YEAR) 2 2 1 I BER EBY CERT I FY. That I attended deceased from MCL 2 4 1931, to							
A. IF MARRED, WOWNED, OR DIVORCED  3A. IF MARRED, WOWNED, OR DIVORCED  (OR) WIFE OF  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  8. Trade, profession, or particular kind of work done, as splaner, with one of the date stated above, at . L. L. R., m.  7. Instance of the date stated above, at . L. L. R., m.  8. Trade, profession, or particular kind of work done, as splaner, with one of the date stated above, at . L. L. R., m.  9. Instance of the date stated above, at . L. L. R., m.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BURIAL CREATION, OR REMOVAL  PLACE  19. JUBBERT AKER  19. JUBBERT AK	PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERT	FIFICATE OF DEATH			
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5A. IF MARRIED, WIGOWED, OR DIVORCED (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1 day, bra.  14. Trade, profession, or particular sawyer, bookkeeper, etc.  9. Industry or business in which sawyer, bookkeeper, etc.  9. Industry or business in which sawyer will, bank, etc.  10. Date deceased last worked at this occupation months and year?  11. Total time years)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  19. SINGER NAME  19. SINGE	no la la Divorced (2	orite the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 _ 3 _ , 19 3 4				
HUSBAND OF (OR) WHE OR (OR) WH	FI IS MADE MINOR OF PHANCES	yee	<i>5.</i>				
6. DATE OF BIRTH (MONTH. DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DWS  If LESS than I day, bra. or min.  Or min.  8. Trade, profession, or particular day, bra. or min.  9. Industry or business in which work was done, as splaner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill.  Bust deceased last worked at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  11. Total time (less to year)  Other contributors saw of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect on set death and related causes of importance were as follows:  Detect of set of s	HUSBAND OF	1	//LC/1 2 4, 195	1, to 1932			
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8. Trade, profession, or particular kind of work done, as spinner, and work was done, as spinner, as which was done, as spinner, as which was done, as spinner, as which was done, as sill mill. Delivery for this saw mill, bank, etc.  10. Industry or business in which was done, as sill mill. Delivery for this saw mill, bank, etc.  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVAL  PLACE (CITY OR TOWN)  Date of injury  Name of opplation  What test confirmed dia nosis?  Was there an autopay?  23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury  Newer did injury occur?  Specify whether injury occurred in industry, in home, or in public place.  17. INFORMANT  (ADDRESS)  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (ADDRESS)  Manner of injury in any way related to occupation of deceased?  If so, specify  (Address)  M. D.  20. FILED 4/1/1 193-Sel (Relo by Nature)  Address)	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	<u> 91-1857</u>					
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PLACE Sendriches DATE # 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER # 1836   1836		1 Vens	l • • • • • • • • • • • • • • • • • • •				
19. UNDERTAKER STATE (ADDRESS)  11 so, specify  (Signed) 6. C. Danth  M. D.  20. FILED 4 ///  193-64 (Relating Distriction of Caddress) (Address)	A	/ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nature of injury				
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20. FILED 4/1/ 193. Ed C Pelor Ry D Amiller Som (Address) Line (Address)		La y p	001				
20. FILED 4/1/ 195264 (Relative Andrew) Creak They	1. (. 2 + 2 )	(Signed)A.	M.D.				

