

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9808

1. PLACE OF DEATH

County Missouri
Township Anderson
City of Union (No.)

Registration District No. 55
Primary Registration District No. 4033

File No. 10
Registered No. 1024 (No.) (St.) (Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Roy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 63

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Earl Sparrow
Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Mar 23 1934

19. UNDERTAKER (ADDRESS) None

20. FILED 9/21/4 1934 M.D. Mumma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1934 to Mar 22 1934
I last saw him alive on Mar 22 1934 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation
92A 92A
Other contributory causes of importance:

Name of operation none Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none
Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify:
(Signed) W. B. Bent M. D.
(Address) Union Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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POST OFFICE, TOKYO

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