MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH  County FLUT BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH  County Flut Bureau OF VITAL STATISTICS CERTIFICATE OF DEATH  Township County Primary Registration District No. 3 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /	II .	•		•
Township  Townsh	1. PLACE OF DEATH County Vernery. Township City City	BUREAU OF V	ITAL STATISTICS	-
City Mander Country (No. 2. FULL NAME Wildiams of States)  (a) Reddence, No. (b) Reddence, No. (c) Ward. (II nonresident, give city or town and States)  Length of reddence in city or town and states)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  A COLOR OR RACE (STREEM ARRING, WIGOWIS, OR STREEM ARRING, WIGOWIS, OR STREEM ARRING, WIGOWIS, OR STREEM ARRING, WIGOWIS, OR STREEM ARRING, WIGOWIS, OR HUBBARD OF (OR) WHE OF COLOR OR PAGE (ST. C) AND	1. PLACE OF DEATH  County Security	···············	- ( A D	File No.
(Il momerations, give city or town and State)  Length of residences to city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. EX  4. COLOR OR RACE  S. SINGLE MARRIED. WIDOWED, OR DIVIDED MUSICAL OF THE the word)  FA. IPMARRIED. WIDOWED, OR DIVIDED MUSICAL OF THE the word)  FOR WHE OF  CORN WHE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  DAYS  11 LESS than 1  A GE YEARS  MONTHS  MONTHS  DAYS  11 LESS than 1  A GE YEARS  MONTHS  DAYS  11 LESS than 1  A GE YEARS  MONTHS  DAYS  11 LESS than 1  A GE YEARS  MONTHS  DAYS  11 LESS THAN 1  A Trade, Profession, or particular kind of work done, as spinners were as following:  S. Trade, Profession, or particular kind of work done, as spinners were as followed as the spent in this occupation, clouds as spinners were as followed to the securation (month and year)  12 BIFTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  DAYS  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL C	Township Clinton	(No	n District No	-
Length of residence in city or town where death occurred   yr.   mos.   ds.   How long in U. S., if of foreign blirth   yrs.   mos.		4. 322 Jan		
3. FEX  4. COLOR OR BACE  5. SINGLE MARRIED, WIDOWED, OR DYGRED (or fire the world)  3. I PMARRIED, WIDOWED, OR DYGRED (OR) WHEE OF CALL MALLICE  12. I HEREBY CERTIFY, That I attended deceased Last work of the procession, or particular any many many many many many many many	Length of residence in city or town where de		ds. How long in U.S., if of for	eign birth? yrs. mos.
53. If MARRIED, WID OWNED, OR DIVENCED  (OR) WIFE OF  7. AGE YEARS MONTHS DAYS If LESS than 1 day, here or min.  8. DATE OF BIRTH (MONTH, DAY, AND YEAR)  8. Trade, profession, or particular kind of work done, as spinner; or min.  9. Industry or business in which agent in this occupation (month and year)  10. Date decessed 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. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. BURIAL CREMATION, OP REMOVAL  PLACE  19. JUSTIC OF COUNTRY  19. BURIAL CREMATION, OP REMOVAL  PLACE  19. JUSTIC OF COUNTRY  19. BURIAL CREMATION, OP REMOVAL  PLACE  19. JUSTIC OF COUNTRY  19. JUSTIC OF COUNTRY  19. SUPPLIACE (CITY OR TOWN)  AND COUNTRY  19. SUPPLIACE (CITY OR TOWN)  19. SUPPLIACE (CITY OR TOW				
SA JAMRIED, WINDOWE OR DIVORCE D HUSBAND OF (OR) WIFE OF  BIRTH (MONTH, DAY, AND YEAR)  MONTHS  DAYS  If LESS than 1 day, hrs. or, min.  8. Trade, profession, or particular kind of work done, as spinner; wind of work done, as spinner; wind of work was done, as spinner; work was done, as spinner; or min.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  STATE OF DIRTH (MONTH, DAY, AND YEAR)  MARKED.  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT (ADDRESS)  18. BURIAL CREMATION, OB REMOVAL PLACE CARPY TOWN  PLACE CREMATION, OB REMOVAL PLACE CREMATION PLACE CREMA				
6. DATE OF BIRTH (MONTH, DAY, AMD YEAR)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular day, hrs. or min.  9. If LESS than 1 day, hrs. or min.  10. Date of most was done, as affix mill, saw mill) bank, etc. and this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BURIAL CREMATION, OB REMOVAL  PLACE  19. UNDERTAKER  19. MONTHS  DAYS  II LESS than 1 day, hrs. or min.  19. Information the date stated above, at min.  10. Date of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury in any way related occupation of deceased?  11. oc. specify  (Signed)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  13. MAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BURIAL CREMATION, OB REMOVAL  PLACE  19. UNDERTAKER  19. Date of injury  Nature of injury in any way related occupation of deceased?  11. Total time (years)  24. Was disease or injury in any way related occupation of deceased?  11. Total time (years)  24. Was disease or injury in any way related occupation of deceased?  11. Total time (years)  25. If Information  16. DATE OF COUNTRY  Where did injury occurred in industry, in home, or in public place.  17. INFORMANT  18. DATE OF COUNTRY  19. Where did injury occurred in industry, in home, or in public place.  19. UNDERTAKER  19. DATE OF COUNTRY  19. Where did injury in any way related to occupation of deceased?  11. Total time (years)  24. Was disease or injury in any way related to o	HUSBAND OF	in I	Dec /2 1931	To May 12th
7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.  8. Trade profession, or particular lind day, hrs. or lind day, hrs. or lind lind day, hrs. or lind lind day, hrs. or lind day, hrs. or lind lind day, hrs. or lind day, hrs. or lind lind lind lind lind lind lind lind	- Carac /	100 ch 31-1887	to have occurred on the date stated a	bove, at /
8. Trade, profession, or particular kind of work done, as spinners.  Sawyer, bookkeeper, otc.  S		day,hrs.	The principal cause of death and rela	ated causes of importance were as followed
9. Industry or business in which work was done, as salk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  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  (STATE OR COUNTRY)  18. BURIAL CREMATION, OB REMOVAL  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  (Signed)  (Address)  (Address)  (Address)	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	finet Maker	Interstition)	repliete the
12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OB REMOVAL  PLACE  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  (Address)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  Date of  What test confirmed diagnosis  (Specify city or town, country, und State)  Specify whether injury occurred in industry, in home, or in public place.  19. UNDERTAKER  (Address)  (Address)			monthe Inout	spice -
13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OB REMOVAL  PLACE  (ADDRESS)  19. UNDERTIAKER  (ADDRESS)  19. UNDERTIAKER  (ADDRESS)  10. FILED 2 1936  11. INFORMANT  (ADDRESS)  12. UNDERTIAKER  (ADDRESS)  (SIGNED)  (STATE OR COUNTRY)  (Specify or town)  Date of  What test confirmed diagnosis   Mail   C. Was there an autopsy   C. Was there an autopsy   C. Was there an autopsy   C. Was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  Date of injury.  (Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address)		11. Total time (years) spent in this occupation	Other contributory causes of importan	ice: 6 1
What test confirmed diagnosis (No. 1.4 Cover an autopsy! (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OP REMOVAL  PLACE  (STATE OR COUNTRY)  DATE  19. UNDERTAKER (ADDRESS)  (STATE OR COUNTRY)  What test confirmed diagnosis (No. 1.4 Cover an autopsy! (State or homicide? Date of injury	(STATE OR COUNTRY)	ison city		121
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)  17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OB REMOVAL PLACE OF THE STATE OF COUNTRY DATE 19. 3  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  19. OF FILED 3 2 19.36  19. Accident, suicide, or homicide? Date of injury in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury in any was due to external causes (violence), fill in also the following: Accident, suicide, or hom	13. NAME Fred Jan	gerhans		
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OP REMOVAL  PLACE  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  (Signed)  (Address)  (Address)  (Address)  (Address)	(SIATE ON COUNTRY)	convery		
17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OB REMOVAL PLACE  PHACE  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS)  20. FILED 5 - 2 1936  19. What is ease or injury in any way related to occupation of deceased in the company of the compa	I   10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		Accident, suicide, or homicide?	Date of injury
17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OB REMOVAL PLACE  PLACE  19. UNDERTAKER (ADDRESS)  19. UNDERTAKER (ADDRESS			Where did injury occur?(Spec Specify whether injury occurred in Ind	ify city or town, county, and State) ustry, in home, or in public place.
18. BURIAL CREMATION, OB REMOVAL  PLACE CAMPIGNION DATE 5/2  19. UNDERTAKER  (ADDRESS)  19. THEO 5-2  19. THEO 5-2		tanguha-		
19. UNDERTAKER Space & Sour If so, specify (Signed) (Signed) (Address) MA HAWATAN (Address)		-5/2		
20 FILED 5-2 1936 & The Hampton (Address) Planton Ma		y Sour		related to occupation of deceased
		Hampton		Tou The

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