,OCT 18 1937	SUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH	Do not use this space.
1. PLACE OF DEATH	1	85	33754
county Buchanan		1001	File No.
Township	Primary Registration		Registered NoL.U.J.
ay ST Joseph	1 11 1 + 12 5	il II	St
2. FULL NAME Cary	delver apar	tacea	,
(a) Residence, No. (Usual place of abode)	han mo. st.,	Ward. (If not	president, give city or town and State)
Length of residence in city or town where d	eath occurred yrs. mos. /	ds. How long in U.S., if of for	eign birth? yrs. mos.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AN	webst. 28 .
Male White	Married	2. A AMEREBY CERT	LF W. That I attended deceased
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	11-4, 01	Sept. 26 (3)	Seft of
(OR) WIFE OF Mrs. IVana Hatheld		Itast saw he klive on	Death i
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		to have occurred on the date stated a	
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs.	The principal cause of death and rela	ated causes of importance were as fol
7/76 2	or min/	elessal seco	comage 9-
8. Trade, profession, or particular kind of work done, as spinner,	tired Carmer	***************************************	
9. Industry or business in which	0		イナル
work was done, as slik mill, saw mill, bank, etc.			00-
saw mill, bank, etc	11. Total time (years) spent in this	Other contributory causes of importan	-A.
year)	occupation	Krieriou	crosis o
12. BIRTHPLACE (CITY OR TOWN) 11 a gr	Sowa Ja		derid
	C 17		/ Ca
13. NAME () STRAILS 96	40	Name of operation	Date of
14. BIRTHPLACE (CITY OR TOWN) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	rew work:	What test confirmed diagnosis	
15. MAIDEN NAME ELON ON	, i	23. If death was due to external caus	es (violence), fill in also the following
	· · ·	Where did injury occur?	À
S 15. BIRTHPLACE (CITY OR TOWN)	7	(Specify whether injury occurred in Ind	cify city or town, county, and State)
17. INFORMANT J. L. Hathiel	<u>d</u> .		-
18. BURIAL, CREMATION, OR REMOVAL	11 //	Manner of injury	· ·
	Sept. 30 ,37		related to occupation of deceased?
19. UNDERTAKER TILL Ter	514	If so, specify	- cannot be occupation of deceased?//.i.s
(ADDRESS) / Squary	212 9240-0	(Signed) 6.	Tindley,
20. FILED 9+28 1937 M	Registrar.	(Address)	rau-Mo.
	Registrar.		

