BEC'O FEB 21 1939 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH plnor Registration District No. Township....... Primary Registration District No. Registered No.. EXACTLY. PHYSICIANS ent of OCCUPATION is ve (d) Street No. (c) (If death occurred in Hospital or Institution, write its name instead of street and number) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred **FULL NAME** (Usual place of abody if no street address, write county or city) Mo St. (If nonresident, give city or town and State) MEDICAL CERTIFICATÉ OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR WWW.com/1 DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) That I attended deceased from 5A. IF MARRIED, WIDOWED, OB-01 VORCED (OR) WIFE OF I last saw b 2.24 ... alive on aug-23 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at // A.m. 7. AGE YEARS MONTHS DAYS If LESS than 1 The principal cause of death and related causes of importance were as follows: day,hre. Date of onset or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc... supplied. 9. Industry or business in which work was done, as saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this 5 this occupation (month and year) Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so that i 14. BIRTHPLACE (CITY OR TOWN) ... 5 Name of operation..... (STATE OR COUNTRY) What test confirmed diagnosis? Much 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) (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury.... 24. Was disease or injury infany way related to occupation of deceased?..... 19. FUNERAL DIRECTOR (NAME) If so, specify (ADDRESS) (Signed). 20. FILED...... Local Registrar. Licensed Embalmer's Statement on Reverse Side

• 1911 Control of the control of the

that the body whose name is recorded on the reverse side of this certificate	was embanned by me,
Tour or by	
	,
Registered Apprentice No	
	11 1
	n K. ander
Sign of Company	n III. IVVIALEN

Licensed Embalmer No.

with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

[Ь		ITAL STATIST! TE OF DEATH	CS			
1. 1	PLACE OF DEATH						n	o not use this sp	aće.
((a) County H en	r. <u>y</u>	*****		et No34.	-	<u> </u>		
((b) TownshipO	s eg e		Primary Registration	on District No54.	36	Registere	d No29	5
((c) City	_	(d)	Street No	ccurred in Hospital or	Institution we	······································	hand of stands and	
((e) Length of residence i	in city or town whe	ere death occurre	ed yrs. mos		long in U. S., i			mos.
, ,	PRINT FULL NAME	Chri	stopher	· Colimbi	s ^F ulkers	on			
						1	•••••••••	•••••••••••••••••	•••••
	(a) Residence, No(U	sual place of abou	de, if no street ac	idress, write county	or city)	(If non	resident, give c	ity or town and S	State)
	PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	· ME	ICAL CER	TIFICATE	OF DEATH	
3, 5	SEX 4, COLO	OR OR RACE 5.	SINGLE, MARRIE	D, WIDOWED, OR	21. DATE OF DEAT		AND VEAD)	Jan 14	,
	male	white	marri	'				or I attended d	
5A.	IF MARRIED, WIDOWED, OR	DIVORCED		= 	January				
	HUSBAND OF (OR) WIFE OF Sa. d	ie a F	lkersor	·	I last saw h. 1 M. a				
6. I	DATE OF BIRTH (MONTH		~ V						
7. /	AGE YEARS	MONTHS	DAYS	If LESS than 1	to have occurred or The principal cause	of death and	related causes	of importance we	re as i
	88	4	22	day,brs.	▶	A			Date
Z	8. Trade, profession, or work done, as sawye	particular kind o				<u>></u>			
0 1	work done, assawye	r. bookkeeper. etd.	M Lancar						
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CHECKED IN REG PENCIL.		VITAL STATISTICS TATE OF DEATH	295
1. PLACE OF DEATH		rict No	Do not use this space.
(a) County	7 Registration Dist	ion District No. 5 486	
(b) Township	4 10 10 10 10 10	·	Registered No
(c) City		occurred in Hospital or Institution, write	e its name instead of street and numb
(e) Length of residence in city or town wh	nere death occurred yes. m	os. Ods. (f) How long in U.S., if	of foreign birth? yrs. mos.
2. PRINT FULL NAME MY	stopher	Columbus -	tullerson
(a) Residence, No		St	
(a) Residence, No(Usual place of abo	ode, if no street address, write count	y or city) (If nonr	esident, give city or town and State)
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, A	NO VELEX / / /
$m \mid \omega \mid$	DIVORCED (Write the word)	4	
5a. IF MARRIED, WIDOWED, OR DIVORCED		22. I HEREBY CERT	IFY, That I attended decease
HUSBAND OF (OR) WIFE OF		195	10 701
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		I last saw h alive on	, 19 Deatl
7. AGE YEARS MONTHS	DAYS If LESS than I	to have occurred on the date stated. The principal cause of death and r	l above, atm. clated causes of importance were as i
80 11	day,hrs	· A VY	OJA .
Z 8. Trade, profession, or particular kind	Z	Menia	Intorceale
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9. Industry or business in which work was done, as saw mill, bank, etc		TOTAL STATE OF THE PARTY OF THE	$\rho_{\mathcal{A}}$
10. Date deceased last worked at	11. Total time (years)	Mesune	ille !
this occupation (month and year)	spent in this	Story's	60) A Con 1
12. BIRTHPLACE (CITY OR TOWN)		Other contributory causes of import	ante:
(STATE OR COUNTRY)	/ A		, n
II 13. NAME		1	(1) ' [
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14. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		Name of operation	Date of
		What test confirmed diagnosis?	
15. MAIDEN NAME	<u> </u>	23. If death was due to external car	uses (violence), fill in also the following
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∑ (STATE OR COUNTRY)	(//	Where did injury occur?(Sj	pecify city or town, county, and State
17. INFORMANT	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		ndustry, in home, or in public place.
(ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
PLACE			1 . 1
19. FUNERAL DIRECTOR			y related to occupation of deceased?
(ADDRESS)	***************************************	If so, specify	IT-LL -
	<u> </u>	(Signed)	0.7
20. FILED	Local Registrar,	(Addless) //	ייני אווער אוליייי עמיני בענוב עריייני