	GEC'D APR 1 & 1939	MISSOURI STATE BOARD BUREAU OF VITAL STAT CERTIFICATE OF DEAT			TATISTICS		Do not use this space.		
11-1	. PLACE OF BEATH	シ			241	_	.0936		
スマ	- County / County	/	•	District No	2 1/2	, ,			
9	Township			stration District l		· -,			
<u> </u>	City/linkon	(No	- //	200	***************************************	St.	٠	Ward	
2	FULL NAME THE	yun	COT NI	W.	······································	•••••••••••••••••••••••••••••••••••••••	······································	***********	
	(a) Residence, No. (Usual place of abode)		un	St.,	II)	nonresident, give ci	ty or town and S	State)	
1	ength of residence in city or town wher	e death occurred	y18.	mos. ds.	How long in U. S., if of	foreign birth?	yrs. mos.	đ	
	PERSONAL AND STATIS	TICAL PARTIC	CULARS		MEDICAL CER	RTIFICATE OF	DEATH		
3. S	EX 4. COLUB OR RACE	5. SINGLE MARRIE		R 21. DATE	OF DEATH (MONTH, DAY	AND YEAR)	Jack 2	, 19_	
	Tale Solmes	DIVORCED (Write	e the sord)	22 1		TIFY, That I	attended deep		
\$A. I	F MARRIED, WIDOWED, OR DIVORCED	ó d		710	U. 2 8 19	کو ج کو ا		1.0	
	HUSBAND OF (OR) WIFE OF	mole		I last saw	h. Alive on	el 12	193 9 De	eath is	
6. D	ATE OF BIRTH (MONTH, DAY, AND YEAR	Sent 8	1911	, II	occurred on the date state	ed above, at	о., m.		
7. A	GE YEARS MONTHS	DAYS	It LESS de	nn 1 The princ	cipal cause of death and	related causes of in	nportance were		
	22 5	24	day,				E	Onte of e	
	8. Trade, profession, or particular	N		Lu	Marelatix	I neens	ace.		
OCCUPATION	kind of work done, as spinner, sawyer, bookkeeper, etc	Hone							
¥	<ol> <li>Industry or business in which work was done, as silk mill,</li> </ol>					ا م			
5	saw mill, bank, etc					1.1	2		
8	<ol> <li>Date deceased last worked at this occupation (month and</li> </ol>	11. Total ti spent	me (years) in this	Other con	ntributory causes of impo	rtance:	·		
	year)	occup	ation		1				
12, E	BIRTHPLACE (CITY OR TOWN)	mon	120 - 8		ewal s	sheen	ous		
<b>x</b>	m 40	1/200	,		****	***************************************			
FATHER	13. NAME () Tha	July		Name of	operation	••••••••	Date of	<u> </u>	
¥.	14. BIRTHPLACE (CITY OR TOWN)	men	2110	What tes	t confirmed diagnosis?	Was	there an autopsy	? <i>[</i> _	
g		19/1	~	9.1	ath was due to external o				
본 -	15. MAIDEN NAMEULLA	your the	<u> </u>	. 11	suicide, or homicide?		finjury	, 19.	
MOTHER	16. BIRTHPLACE (CITY OR TOWN)	untor	1			Specify city or town			
	(STATE OR COOLINE)	.10	////	Specify w	hether injury occurred in	industry, in home,	or in public place	÷-	
17. I	NFORMANT (ADDRESS)	Mai	······································	Manner	f injury				
18. E	BURIAL, CREMATION, OR REMOVAL	1 an	1.1	ii	injury				
	modolory ame	cert //a	<u>un 4 - </u>	19.3 24. Was	disease or injury in any w	ray related to occupa	ation of deceased	, 2	
19 1	INDERTAKER SPORT	Jon	-	If so, spe	~ ~ ~				
13.0	(ADDRESS)	n Mo	1	'· (Sign	ned) / Color /St	allyne	perari	24	
20. F	TLED 3-7 39 Nr	15 Na	Registr	212	(Address)Eli	uterf	~uo		
	1 10								

RECEIVED District Health Officer No. Z. District File Number 1-39-659

Date Filed 4-17-39