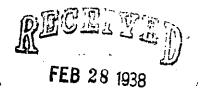
11	E BOARD OF HEALTH	
_	VITAL STATISTICS 2 A 31A	
1. PLACE OF DEATH	Do not use this space.	
(a) County Registration Dist		
(b) Township Such Light Primary Registra	tion District No. 60.76 Registered No.	
(c) City	St. occurred in Hospital or Institution, write its name instead of street and number)	
(e) Length of residence in city or town where death occurred yrs. me	os. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.	
2. PRINT FULL NAME Anchor albord, &	Thore 250	
(a) Residence, No	St.	
(Usual place of abode, if no street address, write count	ty or city) (If nonresident, give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) LOW 3/- 1932	
5A. IF MARRIED, WIDOWED, OR DIVORCED	- 22 I HEREBY CERTIFY That I attended deceased from	
HUSBAND OF (OR) WIFE OF ROOM TO DILOW	Jun 1937, to Jan - 28 193	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Den 15-1871	Mast saw ham alive on Jack 28 - 19.38. Death is sai	
7. AGE YEARS MONTHS DAYS If LESS than 1	to have occurred on the date stated above, atm. The principal cause of death and telated causes of importance were as follows	
66 7 day,brs.		
Z 8. Trade, profession, or particular kind of	- Caremona & Cietuu	
work done, as sawyer, bookkeeper, etc. farm. 9. Industry or business in which work	··	
was done, as saw mill, bank, etc.	1/40	
10. Date deceased last worked at this occupation (month and spent in this	L V	
0 year) occupation	Other sent that are a firmer of the first transfer of the first tr	
12. BIRTHPLACE (CITY OR TOWN)		
F 13. NAME JOHN DYON	 	
4. BIRTHP/ACE (CITY OR TOWN)	Name of operation	
" Consciour	What test confirmed diagnosis? Was there an autopsy?	
1 15. MAIDEN NAME Cagurly	23. If death was due to external causes (violence), fill in also the following:	
O 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Accident, suicide, or homicide? Date of injury	
2 William	Where did injury occur? (Specify city or town, county, and State)	
17. INFORMANT Stand Orforo	Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
PLACE Buthel Charles DATE 2 - 1 - 152	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
19. FUNERAL DIRECTOR // DALCE (ADDRESS)	If so, specify to accept the accept to the accept the accept to accept the accept to the accept the	
20. FILED/ - 3/- 1938 Track Loyde MD	(Signed) (Address) (Signed) Mu	
Local Registrar.	They (Address) Emilies Mo,	
(Licensed Embalmer's Statement on Reverge Side)		



BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

.. Licensed Embalmer No

Licensed Embalmer No.

STATEMENT BY LICENSED EMBALMER

	5 4 1 -1 1 h
hereby certify that the body recorded on the reverse side of this certif	ncate was embaimed by
I., E.	
No:or by	, Registered Apprentice No
working under my personal supervision.	
*	Signed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)