Missouri State Board of Health - Certificate of Death

<table>
<thead>
<tr>
<th>Place of Death</th>
<th>County</th>
<th>Township</th>
<th>Date</th>
<th>Place of Abode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clay</td>
<td></td>
<td>Dec 20</td>
<td></td>
</tr>
</tbody>
</table>

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Color or Race</th>
<th>Single/Married/ Widowed/Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

**Place of Birth**

- City or Town: Kansas City, Missouri
- State: Missouri

**Date of Birth**

July 23, 1905

**Age**

28 years 7 months

**Occupation**

- Trade, profession, or particular kind of work done: Farm labor
- Industry or business in which work was done: Agriculture

**Date of Death**

Dec 20, 1934

**Cause of Death**

Cerebral Hemorrhage

**Medical Certificate of Death**

- Name of Operation: Date of Operation: 
- Cause of Death: Date of Death: Dec 20, 1934
- Antecedent: Date of Injury: 
- Nature of Injury: 
- Place of Injury: 

**Residence**

St. Louis, Mo.

**Local Certifying Authority**

- Doctor: Dr. C. C. Dyer
- Address: St. Louis, Mo.
- Date of Death: Dec 20, 1934

**Medical Examiner**

- Name: 
- Address: 
- Date: 

**Certificate No.**

40654