MISSOURI STATE BOARD OF HEALTH Do not use this space. hould state important. BUREAU OF VITAL STATISTICS SEP 25 1920 CERTIFICATE OF DEATH 31720should 1. PLACE OF DEATH County Illouis au stated EXACTLY. PHYSICIANS at statement of OCCUPATION is very Primary Registration District No. 4335 Registered No.1.St. 2. FULL NAME (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. da. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED 10 ,1936, to acq 10 ,1936 should be sed. Exact s **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at 10:187m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: . AGE shoclassified. fr LESS than 1 7. AGE DAYS YEARS MONTHS day,hrs. 8/10/3/ ornin. Trade, profession, or particular kind of work done, as spinner, should be carefully supplied. is, so that it may be properly c sawver, bookkeeper, stc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this occupation...... 10. Date deceased last worked at this occupation (month and Other contributory causes of importance; year)..... 12. BIRTHPLACE (CITY OR TO (STATE OR COUNTRY) 13. NAME Name of operation Date of What test confirmed diagnosis? Cleaner Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased? 200. If so, specify..... (Signed) Cologe (ADDRESS) alipuna Registrar.

