MISSOURI STATE BOARD OF HEALTH Do not use this space. . PHYSICIANS should state UPATION is very important. 16111 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration District No...... File No..... Registered No. RECORD (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long in U.S., if of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) stated HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR to have occurred on the date stated above, a The principal cause of death and related causes of importance were as follows: 7. AGE YEARS Months If LESS than I day, .....brs. 8. Trade, profession, or particular kind of work done, as spinner OCCUPATION sawyer, bookkeeper, etc.. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H H H H H 13. NAME Name of operation information in plain terms 14. BIRTHPLACE (CITY OR TOW. What test confirmed diagnosis? Was there an autopsy? LLO. (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: OTHER plain Accident, suicide, or homicide?...... Date of injury......, 19..... Where did injury occur?... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OF COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. (ADDRE Manner of injury Nature of injury..... A. Was disease or injury in any way related to occupation of deceased? At so, specify... Registrar

