MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS JUL 24 1926 CERTIFICATE OF DEATH 1. PLACE OF DEA 23608 Resistration District No. Primary Registration District No. (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 VFS. mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEARS DIVORCED (write the mard) lanura attended decessed from MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The orincipal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than 1 MONTHS day. .....brs. or ......min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ....... 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 occupation. year) ..... 12. BIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury Nature of injury If so, specify ..... (Signed)..... Registrar

