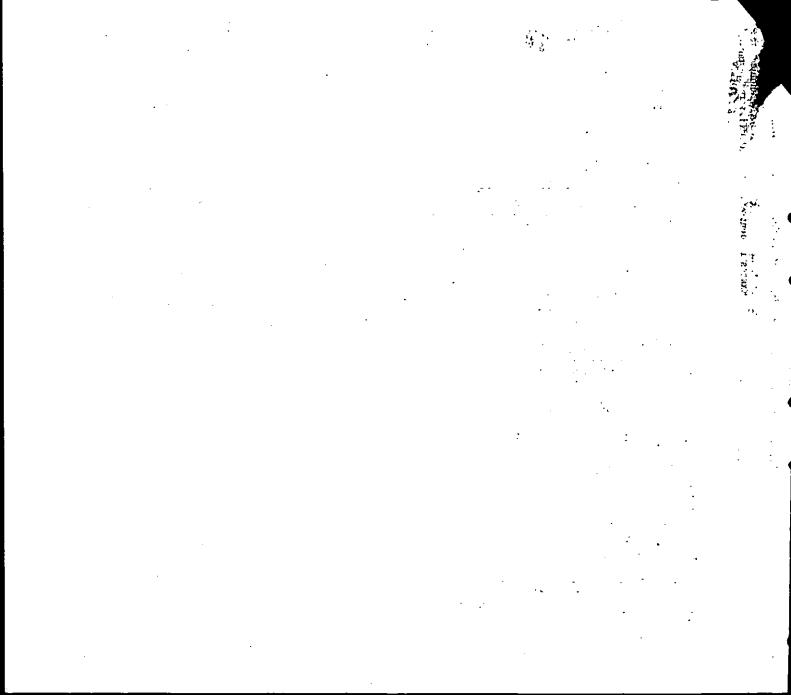
MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration District No...... Primary Registration District No. Registered No ... (a) Residence, No... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mos. dø. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ould be stated EXAC Exact statement of 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows: classified. 7. AGE DAYS If LESS than I YEARS MONTHS day,hrs. ormån. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... so that it may be properly 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) this occupation (month and spent in this occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation Date of in plain terms, 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: 15. MAIDEN NAME 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) 18, BURIAL, CREMATION. OR REMOVAL Nature of injury..... S. C.F. PLACE GOM 24. Was disease or injury in any, way related to occupation of deceased? N. B.—E CAUSE If so, specify..... 19. UNDERTAKER (ADDRESS) rtstrar.



MISSOURI STATE BOARD OF HEALTH FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL. BUREAU OF VITAL STATISTICS 33016 CERTIFICATE OF DEATH 1. PLACE OF DEATH Do not use this space. Registration District No..... Primary Registration District No. 433 J (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) occupation: How long in U. S., if of foreign hirth? AS (a) Residence, No..... ET 63 (Usual place of abode, if no street address, write county or city) (If nearesident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MPL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR õ DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED AR **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS If LESS than 1 DAYS day,hrs. Date of onset 8. Trade, profession, or particular kind of CERTIFICATES work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year).... occupation.. ther contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) FEE 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RECEIVE What test confirmed diagnosis?...... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN)...... PON (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury. 18. BURIAL, CREMATION, OR REMOVAL REGISTRARS Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?. 19. FUNERAL DIRECTOR (ADDRESS)

