MISSOURI STATE BOARD OF HEALTH uid be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration 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 //da. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS DAYS If LESS than 1 MONTHS day,hrs. ormin. Trade, profession, or particular kind of work done, as spinner, 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 9 (STATE OR COUNTRY) 13. NAME What test confirmed dagnosis? Was there an autopsy? 14. BIRTHPLACE (CITY OR POW. (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CRÉMATION. 19. UNDERTAKER (ADDRESS)

Do not use this space.

actended

deceased from

MEDICAL	CERTIFICATE	OF DEATH
		_211 1

Registered No

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

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)

Specify whether injury occurred in Industry, in home, or in public place.

