

DEC 20 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

41487

## 1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of birth)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
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

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. 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  
this occupation (month and  
year).....11. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

## 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER  
(ADDRESS)

## 20. FILED

11-28-

36

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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-36, 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw the deceased on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Ch Myoc Infarctum  
Coronary Sclerosis  
Myoc failure

Other contributory causes of importance:

Name of operation ..... Date of operation .....

What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Russell W. Sen ..... M. D.

(Address) ..... 11-28-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

