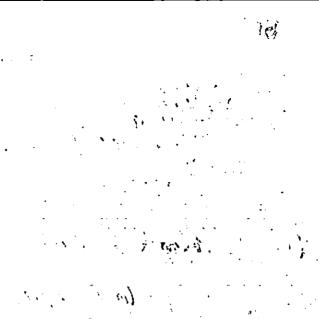
EP 2 1 1037 MISSOURI STATE BOARD OF HEALTH Do not use this space. PHYSICIANS should state BUREAU OF VITAL STATISTICS Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH (1. PLACE OF DEATH Registration District No...... Primary Registration District No. 4335 Registered No... (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. TTB. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write file word) 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19 🗗 CERTIFY That I attended deceased from MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 4.0. 6, DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: classified. ff LESS than 1 7.ºAGE YEARS MONTHS DAYS day,hrs 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 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... year) 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) should Name of operation B.—Every item of information sh. USE OF DEATH 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 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?. If so, specify (ADDRESS)



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