MISSOURI STATE BOARD OF HEALTH Do not use this space BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH should Registration District No. PHYSICIANS Primary Registration District No (Usual place of abode) (If nonresident, give city or town and State) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at _____m_ The principal cause of death and related-causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.hrs. ormin. 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 Total time (years) this occupation (month and spent in this year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation...... Date of What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (CITY OF TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTED Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Nature of injury..... (ADDRESS)

