DCT 1 8 183 MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF 33474 Registration District No... Registered 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 mos. How long in U.S., if of foreign birth? VIB. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5, SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEARY DIVORCED (pritt the word) stated statem That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIM (OR) WIFE OF uld Exa, 19.35 Death is said to have occurred on the date stated above, at 1230 Pm. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE f LESS than 1 YEARS MONTHS DAYS hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, supplied. properly c sawyer, bookkeeper, etc..... UNFADING 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 12. BIRTHPLACE (CLEY OR TOWN) (STATE OR COUNTRY) should 1 PLAINLY information s in plain terms 14, BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis? Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19...... Where did injury occur?.....(Specify city or town, county, and State) WRITE 16. BIRTHPLACE (CITY OR TOWN) Every item of 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)

