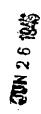
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 23840 1. PLACE OF DEATH County M oru Registration District No. File No... TLY. PHYSICIANS
OCCUPATION is ver Primary Registration District No......5 Registered No..... 2. FULL NAM (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. 00 stated EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the world) attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEA AGE short classified. cause of death and related causes of importance were as follows: 7. AGE MONTHŚ DAYS If LESS than 1 day,hrs. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyor, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) apent in this occupation....... 10. Date deceased last worked at this occupation (month and Other contributory causes of importance year)..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) FATHER 8 formation sho PLAINLY 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: 15. MAIDEN NAME Where did injury occur?..... 更更 WRITE (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 0 Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify... (ADDRESS)



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