MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important, JAN A 8 1935 **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 43741 1. PLACE OF DEA Registration District No. Primary Registration District No. 4 Registered 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 How long in U.S., if of foreign birth? mne. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19"ን ዓ DIVORCED (write the word) ERTIFY. That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED should be sed. Exact s HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)/ to have occurred on the date stated above, at 7.50.2.m. classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS Date of onset day,hrs. ormin. Trade, profession, or particular kind of work done, as spinner. supplied. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... ě 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributors causes of impostance occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN should be (STATE OR COUNTRY) FATHER 13. NAME every item of information sh OF DEATH in plain terms, Was there an autopsy?..... What test confirmed diagnosis L (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?...... Date of injury 19 Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... Was disease or injury in any way related to occupation of deceased? If so, specify.. (ADDRESS

