MISSOURI STATE BOARD OF HEALTH Do not use this space. JAN 7 BUREAU OF VITAL STATISTICS 43746CERTIFICATE OF DEATH Registration District No... File No. Primary Registration District No. 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? mas. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (sorite the word) CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED, 19....., 19....., 19....., 19..... HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at..... The principal cause of death and related causes of important 7. AGE MONTHS 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. Every item of information services of DEATH in plain terms, so that it may be Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation...... 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: 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. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (ADDRESS)

