MISSOURI STATE BOARD OF HEALTH Do not use this space. OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 12692 Registration District No...... Primary Registration District No..... Registered No..... (a) Residence, No.....(Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred mos. da. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Exact statement of S. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21, DATE OF DEATH (MONTH, DAY, AND YEAR) DIVERCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I'm in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS 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 slik mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year).....3-16-19-3-9 occupation 15 (STATE OR COUNTRY) Name of operation... 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?.....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... If so, specify.... (Address)

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