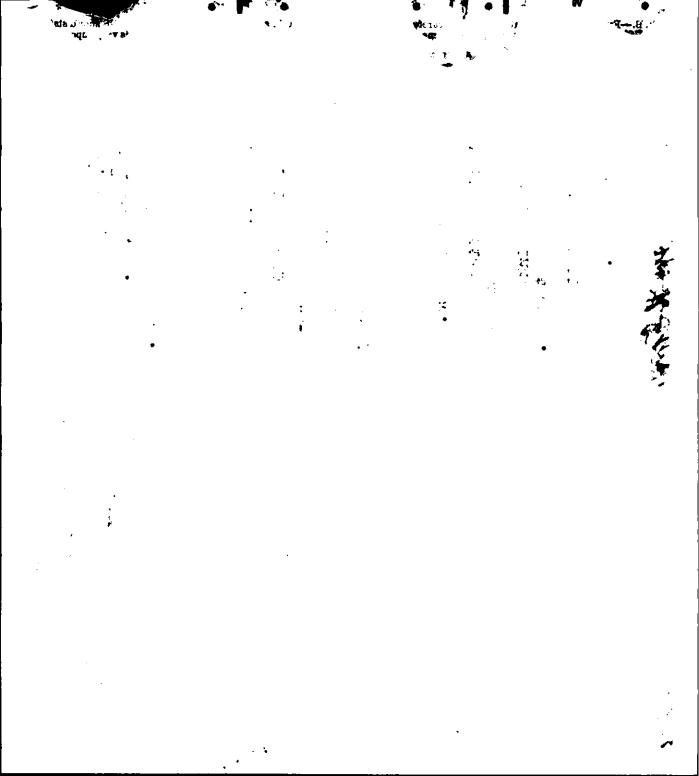
MISSOURI STATE BOARD OF HEALTH Do not use this space. uld be stated EXACTLY. PHYSICIAN'S should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Moniteau File N 3470 Registration District No. A Pilot Grove Primary Registration District No. Registered No... (Usua) 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. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 19 32 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Female white That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliphas Hall 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1881-8-4 properly classifled. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day.hra. 11 6 50 ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Honse Wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... N. B.—Every item of information shound be careauny CAUSE OF DEATH in plain terms, so that it may be 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN ON 1 AG ST (STATE OR COUNTRY) 13. NAME Charles Osaskk Name of operation. Germany 14, BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAMBODKIO FINKOL 16. BIRTHPLACE (CITY OR TOWN) Moniteau Co. (STATE OR COUNTRY) Where did injury occur?.... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Eliphus Hall (ADDRESS) Manner of injury 18, BURIAL, CREMATION, OR REMOVAL Nature of injury..... Cem. 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... (ADDRESS) Eusselfulla



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY, CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No...... File No..... Primary Registration District No. Registered No., City. OCCUPATION 2. FULL NAME. (a) Residence, No..... .St. (If nonresident, give city or town and State) (Usual place of abode) COMPLETE Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? Yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement of 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ARE CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Exact (OR) WIFE OF 픋 should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the UNTIL The principal cause of dealband related causes of importance were as follows: classified. 7. AGE YEARS MONTHS DAYS If LESS than 1 day,brs. ormin. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, properly sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... ģ 10. Date deceased last worked at 11. Total time (years) POR this occupation (month and spent in this occupation year)..... 12. BIRTHPLACE (CITY OB TOWN) (STATE OR COUNTRY PATHER 13. NAME RECEIVE Name of operation...... Date of 14. BIRTHPLACE (CITYOR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (wholence), fill in also the following: y item of inform: DEATH in plain 15. MAIDEN NAME Accident, suicide, or homicide? ______ Date of injury...... 19....... PON Where did injury occup?.. 16. BIRTHPLACE (CITY OF TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) SHALL Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury.... REGISTRARS BURIAL, CREMATION, OR REMOVAL D Nature of injury...... 24. Was disease or injury in any way related to occupation of deceased?... N. -E 19. UNDERTAKEI (ADDRESS) (Signed).Registrar.

A MANAGEMENT

5-23970