Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 21892 791 1. PLACE OF DEATH County Registration District No..... File 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 20 da. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16, DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) Attended deceased from 5a. If Married, Widowed HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) DAYS 7. AGE If LESS than 1 MONTHS ..hrs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (duration) particular kind of work (b) General nature of industry. CONTRIBUTORY.... (SECONDARY) business, or establishment in which employed (or employer)...... (c) Name of employer 18. WHERE WAS DISTASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHS (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH!..... 10. NAME OF FATHER WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITE WHAT TEST CONFURRED DIAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE *State the Disease Causing Drate, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY (1) MEANS AND NATURE OF INJURY, and (2) whether Accountal, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIALS CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. 20. UNDERTAKER RÉGISTRAR

