MISSOURI STATE BOARD OF HEALTH Do not use this space. 21920 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration District No..... 1003 Primary Registration District No... Registered No. statement of OCCUPATION (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? PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEAT DIVORCED (write the word) (MONTH, DAY AND YEAR) 17. I HERESY CERTIFY, That I attended forcemed from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Exact 6. DATE OF BIRTH (MONTH, DAY AND YEAR) moun USE OF DEATH * WAS TO POLL O 7. AGE YEARS **Монтиз** DAYS If LESS than 1 day,brs. ornin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (SECONDARY which employed (or employer)..... (duration)..... vrs. (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER of information 11. BIRTHPLACE OF FATHER (CITY OR TOWN). WHAT JEST CONFIRMED (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER ... B.—Every item of in USE OF DEATH in 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). CHING DEATH, for in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL INFORMANT DATE OF BURIAL (Address) 15. 20. UNDERT REGISTRAR

