Do not use this space, MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 22061 1. PLACE OF DEATH County..... Registration District No. Brimary Registration District No. Redistered No. ILY. PHYSICIANS OCCUPATION is ver 2. FULL NAME ... (Usua place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred da. ', How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16, DATE OF DEATH (MONTH, DAY AND YEAR) 19 2 8 17. 5a. If Married, Widowed, or Divorced HUSBAND OF (CR) WIFE OF death occurred, on the date stated above, at..... 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS 7. AGE If LESS than 1 YEARS MONTHS DAYS day,brs. min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, CONTRIBUTORY business, or establishment in which employed (or employer).(duration) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) .. IF NOT AT PLACE OF DEATH!..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHS 200 10, NAME OF FATHER WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIS?..... (STATE OR COUNTRY) (Signed)..... 12. MAIDEN NAME OF MOTHER N. B.—Every item of CAUSE OF DEATH *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. REGISTRAR

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