

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22256

1. PLACE OF DEATH

County.....

Registration District No.

701

1003

File No.

Township.....

Primary Registration District No.

Registered No.

6439

City.....

(No.)

St.

Ward.....

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

Female

(Col.)

Caucasian

Divorced

Married

Single

Widowed

Orphan

Other

Unmarried

Married

Divorced

Widowed

Single

Orphan

Other

Unmarried

Married

Divorced

Widowed

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