Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 22556 CERTIFICATE OF DEATH 1. PLACE OF DEATH File No..... Registration District No. Primary Registration District No..... Registered No. Januarum si statement of OCCUPATION is ver 2. FULL NAME..... toarr. Si, (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 hirth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 19 17. rdowed CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at AGE should be classified. Eract 6. DATE OF BIRTH (MONTH, DAY AND YEAR) ang. untenson THE CAUSE OF DEATH9 WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS then 1 _bra. da7. ... about. 70 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work .. (b) General nature of industry, CONTRIBUTORY.... (SECONDARY) business, or establishment in which employed (or employer)(doration)......yrs. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED so that it 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH)..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY... 10. NAME OF FATHER N. B.—Every item of information at CAUSE OF DEATH in plain terms, WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Address) 13. BIRTHPLACE OF MOTHER (CITY *State the Disease Causing Drays, or in deaths from Violene Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accountal, Spicidal, or (STATE OR COUNTR HOMICIDAL. 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. 20_UNDERTAKER ADDRESS

