MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 22642 1. PLACE OF DEATH County..... Registration District No..... Township Registered No. OCCUPATION (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 MEDICAL CERTIFICATE OF DEATH 3. ŞEX COLORAOR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. CERTIFY That I attended atgressed from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (CR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,brs. ..mis. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer)... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHT ... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHS. 10. NAME OF FATHER y item of information shall DEATH in plain terms, 11. BIRTHPLACE OF PATHER (CITY-OR TOWN (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR TOPE (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^C DATE OF BURIAL (Address) 20. UNDERTAKER ADDRESS LL 44 REGISTRAR

32022 Tarle abs-Grand 7395 2816 So. Grand - Docledo 9141 10-12, a.m