MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH CTLY. PHYSICIANS should state of OCCUPATION is very important. 1. PLACE OF DEATH County Registration District No..... Primary Registration District No. Resistered 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 MEDICAL CERTIFICATE OF DEATH SEX SINGLE, MARRIED, WIDOWED OR/ 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 2/8 Deforced (write the word) 17. CERTIFY, That hattended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at ................ 3 5 // A 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH WAS AS FOLLOWS: If LESS than 1 Монтиз DAYS min 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 PLICE OF DEATH! (STATE OR COUNTRY) DID AN OPERATION PRECEDE DESTRICT. 10. NAME OF FATHER WAS THERE AN AUTOPPY?..... B.—Every item of information USE OF DEATH in plain term 11. BIRTHPLACE OF FATHER (CITY OF TOW WHAT TEST CONFIDEED DIAGNOSISTA PARENTS (STATE OR COUNTRY) (Signed) 12. MAIDEN NAME OF MOTHE 19 (Address) 13. BIRTHPLACE OF MOTHER (CITY \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) MEARS AND NATURE OF IRJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTR HOMICIDAL. 14. DATE OF BURIAL INFORMANT (Address) 20. UNDERTAKER ADDRESS EGISTRAR

