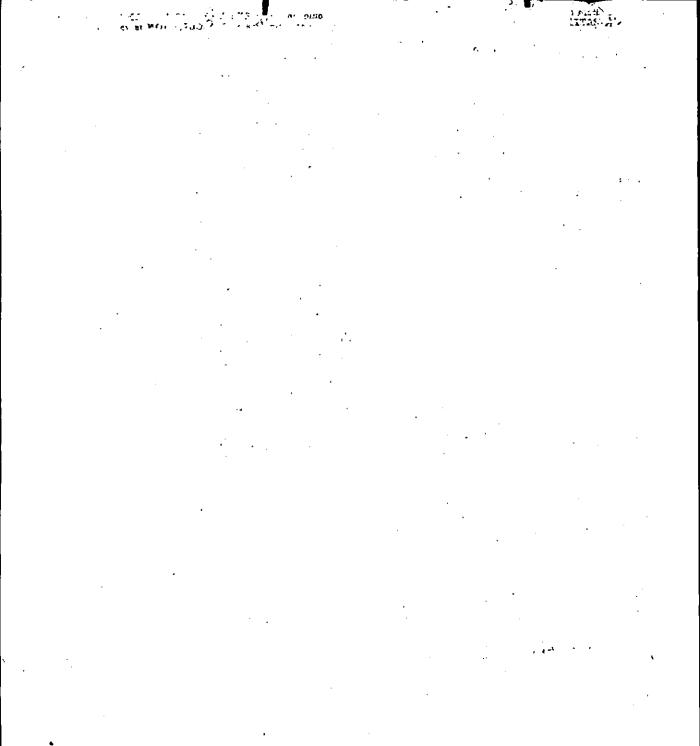
MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH (a) Residence. No......(Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. HEREBY CERTIFY, That I attended deceased from 5a. If Married, Widowed, or Divorced HUSBAND of 120 to tena (OR) WIFE OF death occurred, on the date stated above, at..... 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS Монти Ders 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)..... (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. HO 11. BIRTHPLACE OF FATHER (CITY OR 10) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER State the DISBARE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (1) MRAHS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or · (STATE OR COUNTRY) HOMICIDAL. 14 Ö E OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. 26. UNDERTAKER ADDRESS



ALL INFORMATION CALLED MISSOURI STATE BOARD OF HEALTH FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH Exact statement of OCCUPATION is very important. PLACE OF DEATH. (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? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS COMPL 3: SEX SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEA 17. I HEREBY CERTIAY, That I attended deceased from ARE 5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF death occurred, on the date stated above. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) H.IECC.AL 7. AGE YEARS MONTHS DAYS 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATHY DID AN OPERATION PRECEDE DEATHY. WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIST , 19 (Address) *State the Disease Causing Draffi, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Apprental, Suicidal, or HOMICIDAL. REGISTRARS N. B.—Every 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 19 20. UNDERTAKER ADDRESS

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