u Mulchell MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 378101. PLACE OF Redistration District No..... Primary Registration District No. 5 Registered No. statement of OCCUPATION (If nonresident give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? YTS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR DIVORDED (write the word) COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. I HEREBY GERTIFY, That I attended described from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at ... 5. DATE OF BIRTH (MONTH, DAY AND YEAR) If LESS then 1 7. AGE YEARS DAYS **Монтиз** 8 hrs. day, & hr 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, 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 DEATHY 10. NAME OF FATHER DEATH in plain terms, WAS THERE AN AUTOPSY?..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DU (STATE OR COUNTRY) (Signed).... 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OF TOWN) *State the Disease Causing Drate, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 6 (Address) 15. 20. UNDERTAKER ADDRESS REGISTRAR

