Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH  $2191^{\circ}$ 1. PLACE OF DEATH Redistration District No. Primary Registration District No. Redistered No. b 2. FULL NAME ......Ward. (If nonresident give city or town and State) Length of residence in city or town where death occurred How look in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 19 2 7 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) Statement I HEREBY CERTIFY. That I stiggified deceased from ...... 5a. If Married, Widowed, or Divorces-HUSBAND of (OR) WIFE OF death occurred, on the date stated above, at............ 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATHS WAS AS FOLLOWS: 7. AGE If LESS than 1 MONTHS DAYS 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ..... CONTRIBUTORY (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer) (duration)....\ . (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) 10. NAME OF FATHER Every item of information sh OF DEATH in plain terms, WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST...... (STATE OR COUNTRY) (Signed)..... . . 19 **2** % (Address) 12 MAIDEN NAME OF MOTHER \*State the Disease Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY (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 ÎNFORMANI (Address) 15.

