MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS 4126 CERTIFICATE OF DEATH ACTLY. PHYSICIANS should state of OCCUPATION is very important. 1. PLACE OF DEATH 1801 County..... Redistration District No. File No..... Registered No. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred How load in U.S., if of foreign hirth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE? MARRIED, WIDOWED OR DIVERSED (write the word) 16. DATE OF DEATH (MONTH, DAY AND YEAR) HEREBY CERTIFY. That Lettended deceased from .. 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated shove, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR 7. AGE YEARS MONTHS DAYS If LESS than 1 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, CONTRIBUTORY business, or establishment in (SECONDARY) which employed (or employer) (duration) vrs. (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER plain terms, 11. BIRTHPLACE OF FATHER (CITY OF (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER au /5, 19 27 (Address) B.—Every item of in. USE OF DEATH in 13. BIRTHPLACE OF MOTHER (CITY *State the DISBASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEAKS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL INFORMANT ... DATE OF BURIAL (Address) 15. 20. UNDERTAKER ADDRESS **EGISTRAR** 362110

