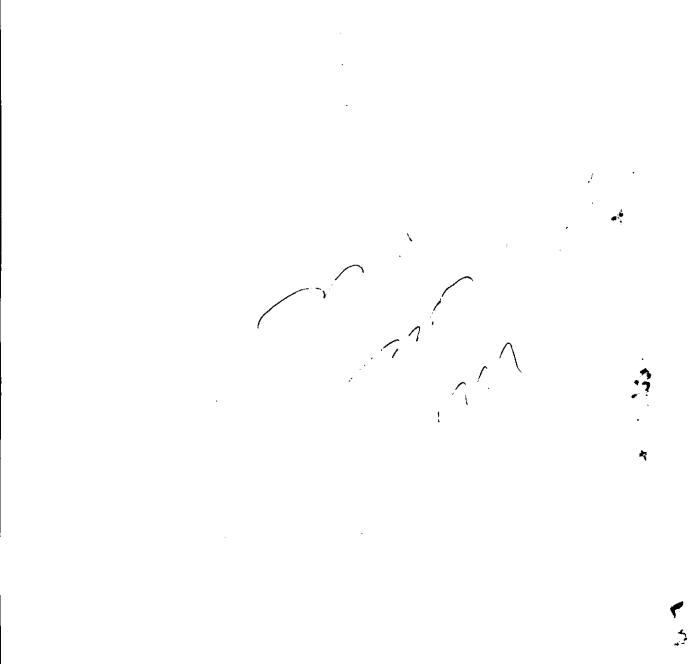
MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 6293I. PLACE OF BEA Registration District No. File No. Primary Registration District No. 422 Registered No. of OCCUPATION is very (If nonresident give city or town and State) Length of residence in city or town where death occurred 1008. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. That I attended deceased from ... SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS: 7. AGE If LESS than 1 bra. 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) (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHS..... 10. NAME OF FATHER WAS THERE AN AUTOPSYZ... PARENTS (STATE OR COUNTRY) *State the Disease Causing Death, or in deaths from Violent Causes state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or HOMICIDAL. 14. OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. REGISTRAR



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