Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 10233 CERTIFICATE OF DEATH SICIANS should state ON is very important. 1. PLACE OF D Registration District No...... County... Pile No..... Primary Registration District No. Registered No. stated EXACTLY. PHYSICI statement of OCCUPATION (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 SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. CERTIFY, That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH® WAS AS FOLLOWS: 7. AGE YEARS MONTHS day, bra. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry/ CONTRIBUTORY.... (SECONDARY) business, or establishment in which employed (or employer)..... (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE OF..... 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY WHAT TEST CONFIRMED (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE Hay 11 19 29 (Address) *State the Disease Causing Draffs, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR T (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. PLACE OF/BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT : (Address) 15. **ADDRESS**

