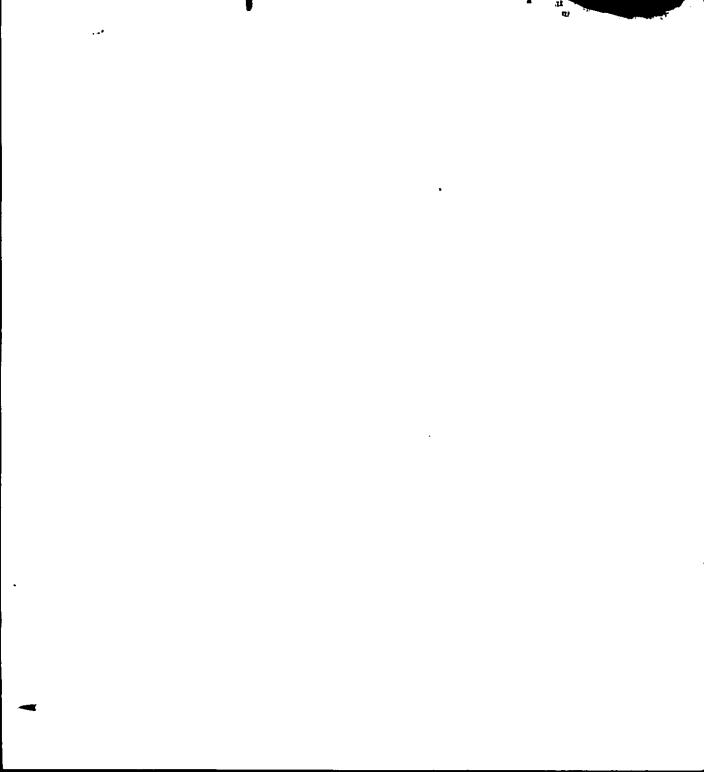
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH CLY. PHYSICIANS should state OCCUPATION is very important. 1. PLACE OF DEATH Registration District No. File No..... Primary Registration District No. Registered No. 2. FULL NAME (a) Residence (Usual place of abode (If nonresident give city or town and State) Length of residence in city or town where death occurred da. 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) 197 DIVORCED (write the word) I HEREBY 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 ·DAYS If LESS than 1 ..brs. /む 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ... (b) General nature of industry, CONTRIBUTORY (SECONDARY) 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 DEATH?..... DATE OF..... 10. NAME OF FATHER WAS THERE AN AUTOPSY?.... 11. BIRTHPLACE OF FATHER (CITY WHAT TEST CONFIRMED BIAGNOSIS?..... (STATE OR COUNTRY) (Signed).... 12. MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state 13. BIRTHPLACE OF MOTHER (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 INFORMANT (Address) 19 15. 20. UNDERTAKER ADDRESS REGISTRAR



ALL INFORMATION CALLED MISSOURI STATE BOARD OF HEALTH FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. File No. Primary Registration District No Registered No.....St.,Ward. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? FTE PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. ARE I HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 꿃 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE DEATH * WAS AS FOLLOWS: UNTIL 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.mio. RTIFICATES A. OCCUPATION OF DECEASED (a) Trade, profession, or (duration) ______ds.____ds._ particular kind of work..... CONTRIBUTORY (b) General nature of industry, business, or establishment in FOR(duration) yrs. mos. ds. which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED H 9. BIRTHPLACE (CITY OR TOWN)...... IF NOT AT PLACE OF DEATH. (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHS....... DATE OF..... 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN). WHAT TEST CONFIRMED DIAGNOSIS7 (STATE OR COUNTRY) FOX (Signed). 12. MAIDEN NAME OF MOTHER . 19 (Address) SHALL 13. BIRTHPLACE OF MOTHER (CITY OR TO) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. æ 14. DATE OF BURIAL PLACE OF BURIAL, CREMATION, OF REMOVAL EGISTRA (Address) REGISTRAR

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