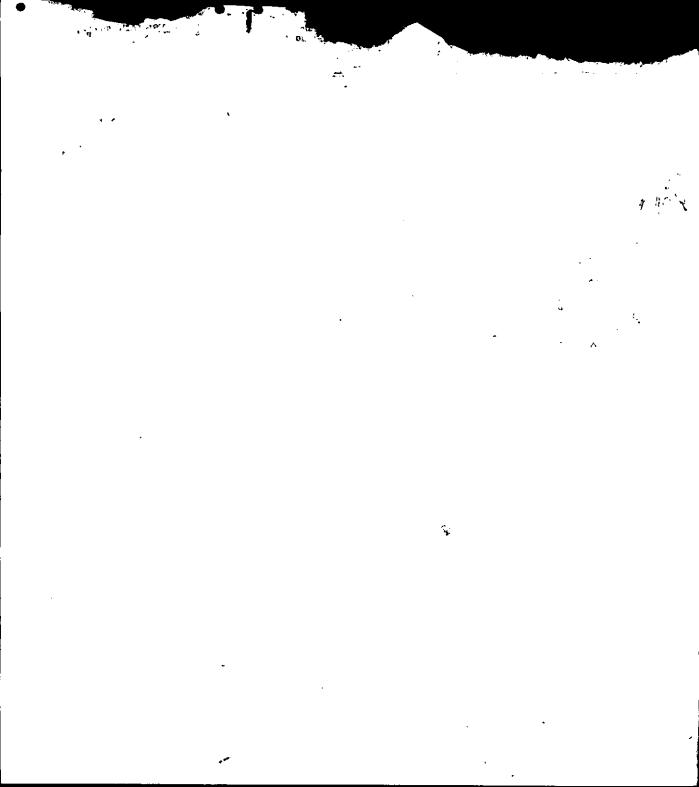
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH stated EXACTLY. PHYSICIAIN should state statement of OCCUPATION is very important. Redistration District No. Primary Registration District No. 45-39 Redistered No. ..... (If nonresident give city or 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 5. SINGLE, MARRIED, WIDOWED OR 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word), 17. I HEREBY CERTIFY. That I attended deceased from ....... 5A. IF MARRIED, WIDOWED, OR DIVORCED ....., 19....., 19......, 19......, 19....... HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at ...... 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS Монтиз DAYS dау, .. .... min. 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 employed) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATHY. (STATE OR COUNTRY) Wa CDID AN OPERATION PRECEDE DEATH!..... DATE OF...... 11. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY) ( (Address) . 19 \*State the DISHARE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDA L. 14. CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. 20. UNDERTAI



ate int.	BUREAU OF V	ITAL STATISTICS FOR MU	ORMATION CALLED ST BE WRITTEN ON PPLEMENTARY.
B.—Every item of information should be c repulled. AGB shows IUSE OF DEATH in plain terms, so that it catefully surgerly classified and be stated EXACTLY. PHYSICIALIS abould state  EC 1 S SHALL "IT RECEIVE A ZE FOR CENTIFICATE TILL THEY ARE COMPLETE AS PRESCRIBED BY LAW	1. PLACE OF DEATH  County Registration District  Township Registration District  Primary Registration  (No		Ward)
	Length of residence in city or town where death occurred yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	/ (If nonresident, give city ds. How long in U. S., if of foreign birth?	yrs. mos. ds.
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (brite the word)  5a. If Married, WiDowed, or Divorced HUSBAND of	MEDICAL CERTIFICATE OF D  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  I HEREBY CERTIFY That I attended dec	my 3/ 1979
	6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS If LESS than 1 day,	that I last saw h	, 19, and that
	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	(duration)  CONTRIBUTORY  SECONDARY)  (duration)	.yrsds.
	9. BIRTHPLACE (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(Signed) (Address) (Signed) (Address) (Signed) (Address)	
	(STATE OR COUNTRY)  14. INFORMANT	HOMICIDAL.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
A A	FILEDS 3 19 29 REGISTRAR	20. UNDERTAKER	ADDRESS

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