MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS 24298 CERTIFICATE OF DEATH 1. PLACE OF SEATH Redistration District No. Primary Registration District No., 2. FULL NAME (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 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) Djugacep (write the word) 17. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF on the date stated above, at., 6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEATH JUST FOLLOWS: 7. AGE YEARS MONTHS DAY If LESS than 4 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 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH! DATE OF..... 10. NAME OF FATHER WAS THERE AN AUTOPSY?..... N. B.—Byery item of information CAUSE OF DEATH in plain term 11. BIRTHPLACE OF FATHER (CITY WHAT TEST CONFIRMED DIAGNOSIST PARENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Address) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT COURSE, state 13. BIRTHPLACE OF MOTHER. (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT A (Address) 15. ADDRESS REGISTRAR

