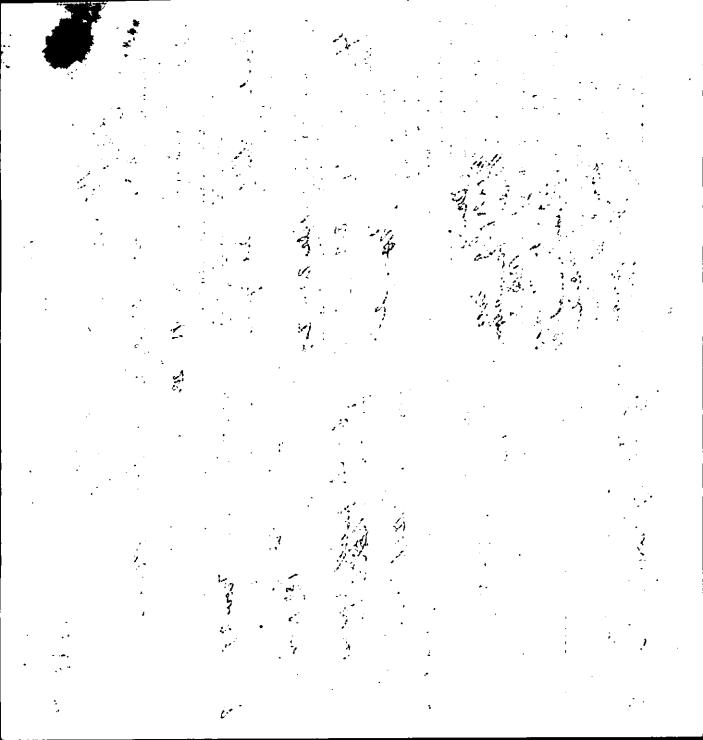
MISSOURI STATE BOARD OF HEALTH Do not use this space, BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No Primary Registration District No. 5 Registered No (a) Residence. No...... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. 242 ds. How long in U.S., if of foreign birth? đs. 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) Fra 25 DIVORCED (write the word) I-HEREBY CERTIFY, That I attended deceased from..... 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF that I last saw here alive on Zwo 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormln. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work...... CONTRIBUTORY (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer)..... (c) Name of employer EASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 10. NAME OF FATHER WAS THERE AN AUTOPSY1 11. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY) 12. MAIDEN NAME OF MO (Address) *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. DATE OF BURIAL INFORMANT..... (Address) 15. ADDRESS



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