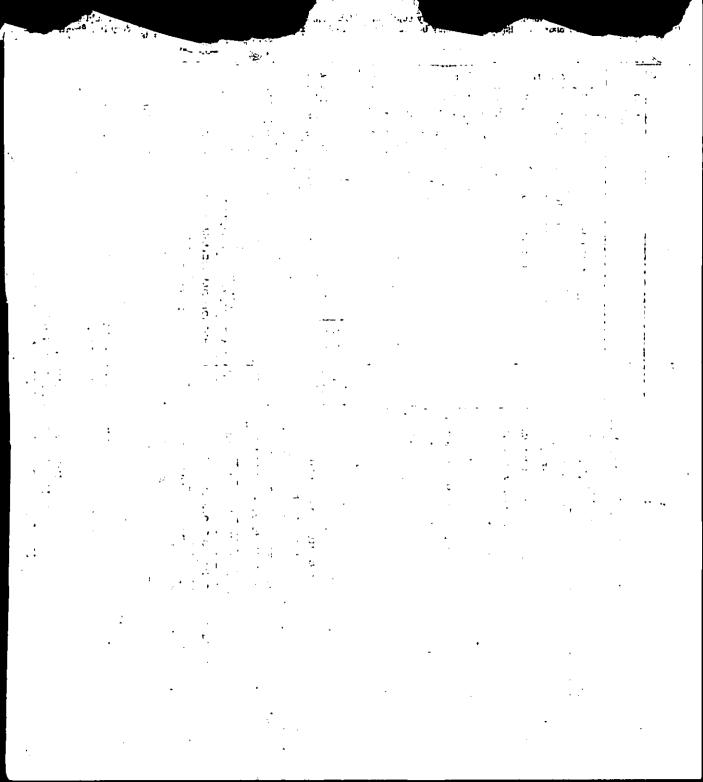
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No..... Primary Registration District No. Registered No. (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred ds. mos. YES. 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) FY. That I attervied deceased frome 5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF eath occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS: 7. AGE YEARS MONTHS If LESS than 1 day.hrs. ormin. 8. 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 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF BEATH... DID AN OPERATION PRECEDE DEATH!..... DATE OF....... 10. NAME OF FATHER WAS THERE AN AUTOPSY 11. BERTHPLACE OF FATHER (CITY OR TO WHAT TEST CONFIRMED DIAGNA (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 (CITY (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. DATE OF BURIAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) ·15. REGISTRAR



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 3 1. PLACE OF BEATH Redistration District No...... ¥ Primary Registration District No..... Begistered No. BED ______St St., Ξ (If nonresident give city or town and State) Š ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred COMPLETE stated EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (write the word) 17. I HEREBY CERTIAY, That I attended deceased from 빎 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THEY should 1 1 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS: UNTIL If LESS than 1 7. AGE YEARS MONTHS DAYS AGE shor day,hrs. ormin. CERTIFICATES 8. OCCUPATION OF DECEASED Lupplied. (a) Trade, profession, or serticular kind of work (b) General nature of industry, business, or establishment in 名の対 which employed (or employer)..... FOR (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED ᆵ 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH!.... (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHY........... DATE OF...... RECEIVE 10. NAME OF FATHER WAS THERE AN AUTOPSY?.... plain terms, WHAT TEST CONFIRMED DIAGNOSIST..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN (STATE OR COUNTRY) NOT . 19 (Address) 12. MAIDEN NAME OF MOTHERS N. B.—Every item of. CAUSE OF DEATING SHALL *State the Dismann Causing Dmatte, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OF (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. ž 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 20. UNDERTAKER **ADDRESS** REGISTRAR

