Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 6035 CERTIFICATE OF DEATH should state ry important. 1. PLACE OF DEA Registration District No. 7 File No..... Primary Registration District No.... Registered No.... OCCUPATION (a) Residence, No... (Usual place of abode) (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 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) HEREBY CERTIFY, That I attended deceased from ...... 5a. If Married, Widowed, or Divorced **HUSBAND OF** and that (OR) WIFE OF death occurred, on the date stated above, at,, 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS DAYS If LESS than 1 Months day, .....hrs. or ......min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. CONTRIBUTORY (b) General nature of industry, (SECONDARY) business, or establishment in ..... (duration) .. 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) DATE OF..... DID AN OPERATION PRECEDE DEATH?. 10. NAME OF PATHER WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNS 11. BIRTHPLACE OF FATHER Address) \*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER-(CPPY OR TO) (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) 15. REGISTRAR

