Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. 757 File No..... Primary Registration District No. Registered No... Township. 2. FULL NAME.... (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 mos. TIR mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED OR 3. SEX 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 50 DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 19.**3**2., to.. 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) DAYS If LESS than 1 7. AGE YEARS MONTHS day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (duration) 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 DEATH.... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY...... DATE OF 10. NAME OF FATHER (STATE OR COUNTRY) State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Ö INFORMANT.. (Address) 15. REGISTRAR

