MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... County..... Township.... Primary Registration District No. AINSON OCCUPATION (a) Residence. No. 56/ (Usual place of abode) TMERSI 5 (If nonresident, give city or town and State) Length of residence in city or town where death occurred 38 yrs. - mos. -ds. How long in U.S., if of foreign birth? E208. da. 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) Immorceo (write the word) 17 I HEREBY CERTIFY, That I attended deceased from 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 MAKEUTER THE CAUSE OF DEATH+ WAS AS FOLLOWS: MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or BookKeeper particular kind of work.... (b) General nature of industry. business, or establishment in which employed (or employer)..... that it may (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) OPERATION PROCEDE DEATHY 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 5+4 WHAT TEST CONFIRMED MAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, of (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL **ADDRESS**

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