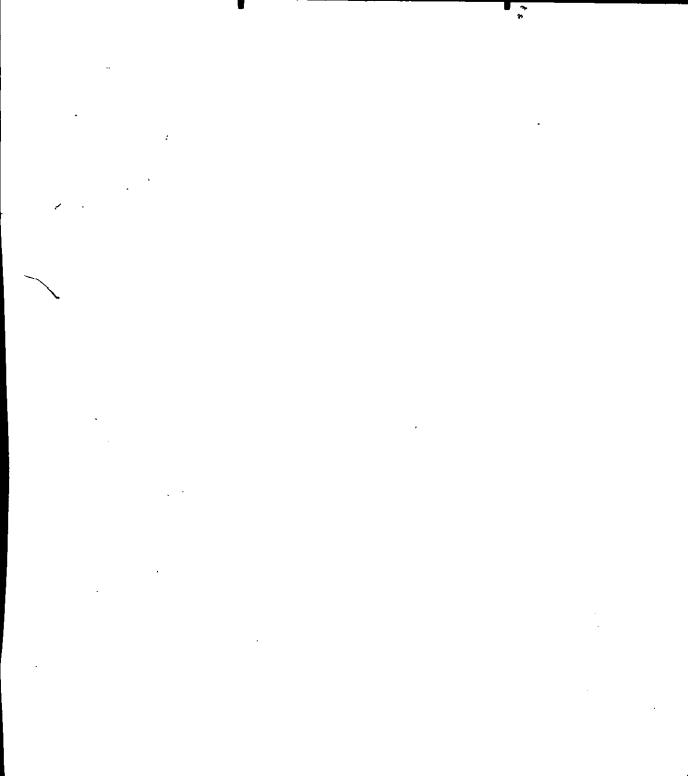
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH ILY. PHYSICIANS should OCCUPATION is very impo County..... Registration District No. File No..... Township Primary Registration District No. Registered No. (a) Residence. No...... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX statement of 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR . 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.7 DIVORCED (write the word) 17. 5A. IF MARRIED, WIDOWED, OR DIVORCED October 29, 1921, 6 Dec 31 HUSBAND OF that I last saw hand alive on been 2.6. (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS than 1 classified. day,brs. 101 ormin. 8. OCCUPATION OF DECEASED supplied. (a) Trade, profession, or ting Mail carrie CONTRIBUTORY (b) General nature of industry. that it may be 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 DEATH!..... DATE OF....... 10. NAME OF FATHER in plain terms, WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIS PARENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Gen. 3193/ (Address) Every item of OF DEATH : *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) HOMICIDAL. 14. DATE OF BURIAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL INFORMANT. (Äddress) REGISTRAR



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Primary Registration District No. Registered No. ESCRIB 2. FULL NAME OCCUPATION E (If nonresident give city or town and State) (Usual place of abode) How load in U.S., if of foreign birth? Ą Length of residence in city or town where death occurred VIX. COMPLETE MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED OR 3. SEX 4. COLOR OR RACE 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. That I attended deceased from ш SA. IF MARRIED, WIDOWED, OR DIVORCED AR **%**, 19...... HUSBAND OF (OR) WIFE OF THEY death occurred, on the date stated 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH WAS AS FOLLOWS: UNTIL II LESS than 1 7. AGE YEARS MONTHS DAYS day,brs. RTIFICATES 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry. 핑 business, or establishment in which employed (or employer)..... œ 5 (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 334 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHY..... (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHS...... DATE OF...... RECEIVE 10. NAME OF FATHER Every item of information sh OF DEATH in plain terms, WAS THERE AN AUTOPSY! IN BIRTHPLACE OF FATHER (CITY WHAT TEST CONFIRMED DIAGNOSIST..... ARENTS (STATE OR COUNTRY) HON 12. MAIDEN NAME OF MOTHE (Address) SHALL *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or HOMICIDAL. REGISTRARS 34.2 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 19 mag 31 WT mate 20. UNDERTAKER **ADDRESS** REGISTRAR

PHYSICIANS

stated EXACTLY

Ro 4/14/31

8-874