MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH SICIANS should ON is very impor 1. PLACE OF DEATH Registration District No Primary Registration District No... Registered No. City..... **a** (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. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR stated 21. 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** Ead (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS/ If LESS than 1 day,hrs.min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, e carefully : it may be p saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contribut di importance: year)..... occupation..... should be is, so that i 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME information shin plain terms, 14. BIRTHPLACE (CITY OR TOWN)... What test confirmed diagnosis?..... Was there an autopsy?.... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) N. B.—Every item of CAUSE OF DEATH (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury. REMOVAL Nature of injury.... 24. Was disease or injury in any way related to occupation of deceased?..... 19. UNDERTAKER If so, specify..., (ADDRESS) Registrar.

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