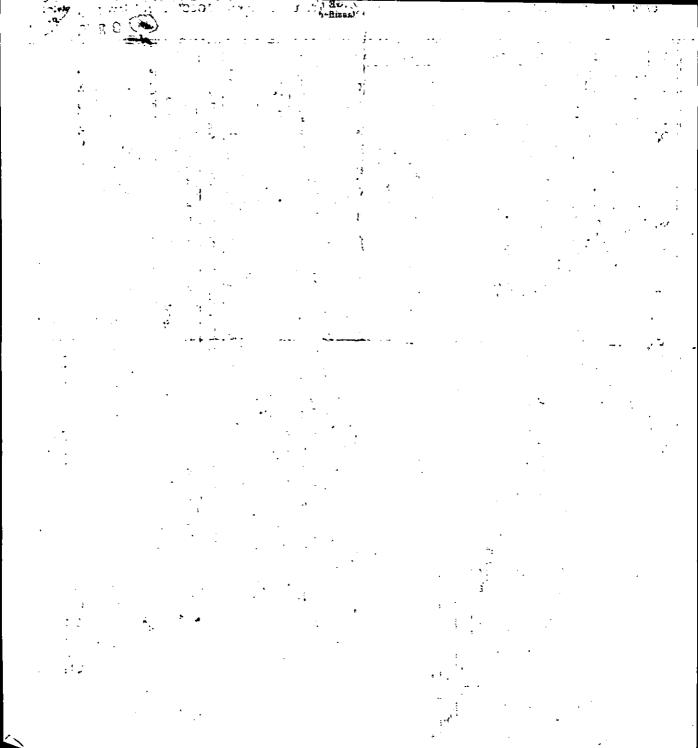
MISSOUR! STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 13095 1. PLACE OF DEATH Registration District No..... Primary Registration District No. 503 Township Registered No. statement of OCCUPATION (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred đэ. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED , 193/ to Ohr HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 2 The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.min. 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,
saw mill, bank, etc. so that it may be 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: vear) occupation..... BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OF DEATH in plain terms, What test confirmed diagnosis? Ohen attine. Was there an autopsy? W 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?.... Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of decease If so, specify... (ADDRESS)



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH PLACE OF DEATH. PHYSICIANS (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? COMPLETE MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS stated EXACTLY. 3. SEX 5. SINGLE, MARRIED, WIDOWED OR 4. COLOR OR RACE I 16. DATE OF DEATH (MONTH, DAY AND YEAR)/ DIVORCED (write the word) I HEREBY CERTIAY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THEY should be s 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS **MONTHS** DAYS If LESS than 1 day,brs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, 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 DEATHS 10. NAME OF FATHER DEATH in plain terms, WAS THERE AN AUTOPSY?..... 11. BIRTHPLACE OF FATHER (CITY OF TOW WHAT TEST CONFIRMED DIAGNOSIST..... RENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHERS , 19 (Address) *State the Dishash Causing Draffs, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CTTY OR TOWN)..... (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental Suicidal or (STATE OR COUNTRY) HOMICIDAL. EGISTRARS 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CAUSE OF INFORMANT (Address) 20. UNDERTAKER **ADDRESS**

5-13095-

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