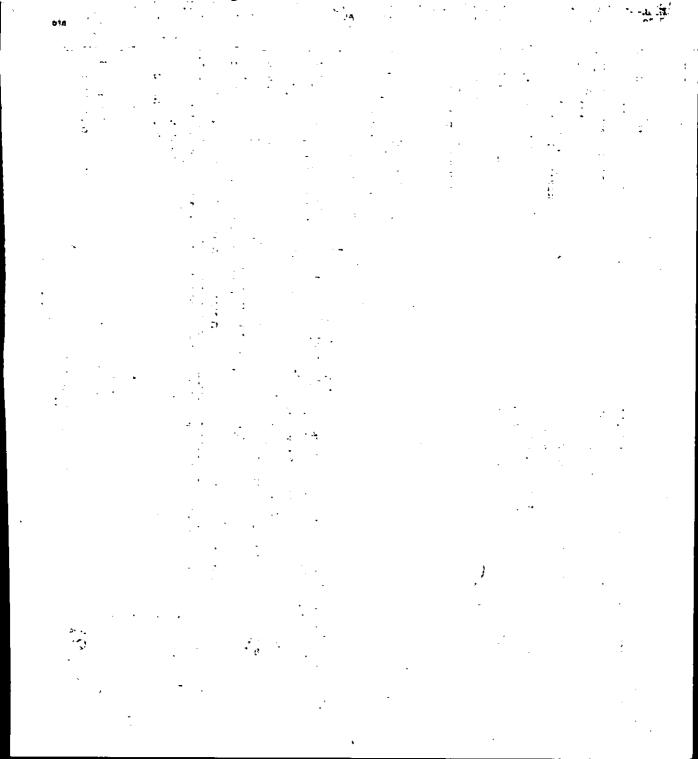
Do not use this space. MISSOURI STATE BOARD OF HEALTH carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state it may be properly classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 14878 Registration District No...... Registered No. Primary Registration District No (a) Residence No. (If nonresident, give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? mos. ds. Length of residence in city or town where death occurred YTS. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (prite the word) That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (ORTHURB-OF ve occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) A LO The principal cause of death and related causes of importance were as follows: If LESS than 1 7 AGE MONTHS day,brs ormin 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, saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and contributory causes of importance occupation..... year) 12. BIRTHPLACE (CITY OR TOWN) should be (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? Wathere an autorsy?... 14. BIRTHPLACE (CITY OR TOWN) of information 'H in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... Where did injury occur?.... (Specify city or town, county, and State) BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Every item SE OF DEAT 17. INFORMANT. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOV 24. Was disease or injury in any way related to occupation of deceased?... 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 ₹ statement of OCCUPATION is very important. PLACE OF DEATH. County Maleon File No..... Registration District No...... should Tewnship Begistered No. a 1 1 PHYSICIANS ESCRIB 2. FULL NAME (If nonresident give city or town and State) 2 Lendth of residence in city or town where death occurred How long in U.S., if of foreign hirth? 2 COMPLETE PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. I HEREBY CERCITY, That I attended deceased from ARE 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should be death occurred, on the date state d move, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEA UNTIL If LESS than 1 7. AGE MONTHS DAYS properly classified. hrs. AGE CATES 8. OCCUPATION OF DECEASED carefully supplied. (a) Trade, profession, or(duration)......yrs.....mos.....ds. perticular kind of work (b) General nature of industry. husiness, or establishment in may be which employed (or employer)...... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED N. B.—Every item of information should be ex CAUSE OF DEATH in plain terms, so that it 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHS..... (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHS...... DATE OF..... RECEIVE 10. NAME OF FATHER WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OF TOWN WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) FOF 12. MAIDEN NAME OF MOTHERS , 19 (Address) BHALL *State the Dismann Causing Drave, or in deaths from Vidlent Causes, state 13. BIRTHPLACE OF MOTHER (CT) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Successful, or (STATE OR COUNTRY) HOMICTOAL. REGISTRARS 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT UNDERTAKER **ADDRESS**

stated EXACTLY.

S-148118