MISSOURI STATE BOARD OF HEALTH Do not use this snace. **BUREAU OF VITAL STATISTICS** 15070CERTIFICATE OF DEATH Primary Registration District No ..... Registered No..... Township (a) Residence, No., (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) CERTIFY. That I attended deceased from SA, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 9 5 Dum. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than I 7. AGE YEARS MONTHS day, .....hrs. so that it may be properly classif or .....min. - 6 browde 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) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation Date of DEATH in plain terms, What test confirmed diagnosis?..... Was there an autopsy?...... 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 Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury June (ADDRESS) 18. BURIAL, CREMATION, OR Nature of injury... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify... 19. UNDERTAKER (ADDRESS) Registrar

