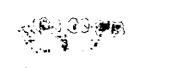
DP Dinav MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 258651. PLACE County Registration District No.... Primary Registration District No. Registered No. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) C mos. Length of residence in city or town where death occurred . ds. How long in U. S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY, Th HEREBY I attended deceased from 5a, IF MARRIED, WIDOWED, OR DIVOR should be **HUSBAND** of (OR) WIFE OF 1.-/8**J**-2 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE DAYS If LESS than 1 YEARS MONTHS day,hrs. ormin. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk tall saw mill, bank, etc..... carefully it may be 11. Total time (years) 10. Date deceased last worked at spent in this occupation this occupation (month and vear) 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME in plain terms, so Name of operation Date of What test confirmed diagnosis?.... 14. BIRTHPLACE (CITY OR TOWN) Was there an autopsy? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Date of injury 19 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) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury 18. BURIAL, CREM Nature of injury..... If so, specify. 19. UNDERTAKER (ADDRESS) (Signed)..... 20, FILED.



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