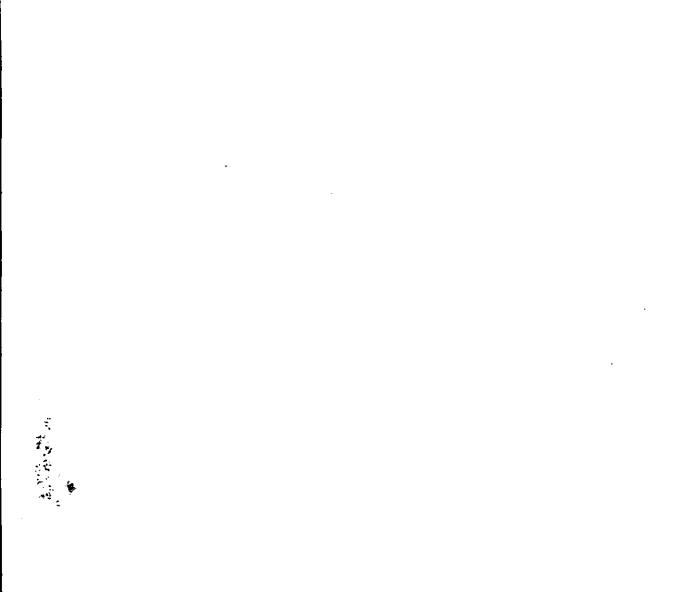
MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH VS should state 1. PLACE OF DEATH Registration District No. 984 County. Primary Registration District No. 45-46 Registered No..... (a) Residence. No.. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? O PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 15. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 19. 5/. - 6.... HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE II LESS YEARS Months DAYS day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (duration) particular kind of work... CONTRIBUTORY (b) General nature of industry. business, or establishment in which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITTOR TOWN IF NOT AT PLACE OF DEATH. (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH M.D. DATE OF 10. NAME OF FATHER WAS THERE AN AUTOPSYT22 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) (Signed)... 12. MAIDEN NAME OF MOTHER (Address) N. B.—Every item of it CAUSE OF DEATH in *State the Disease Causing Death, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNT HOMICIDAL. 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. 20. UNDERTAKER



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