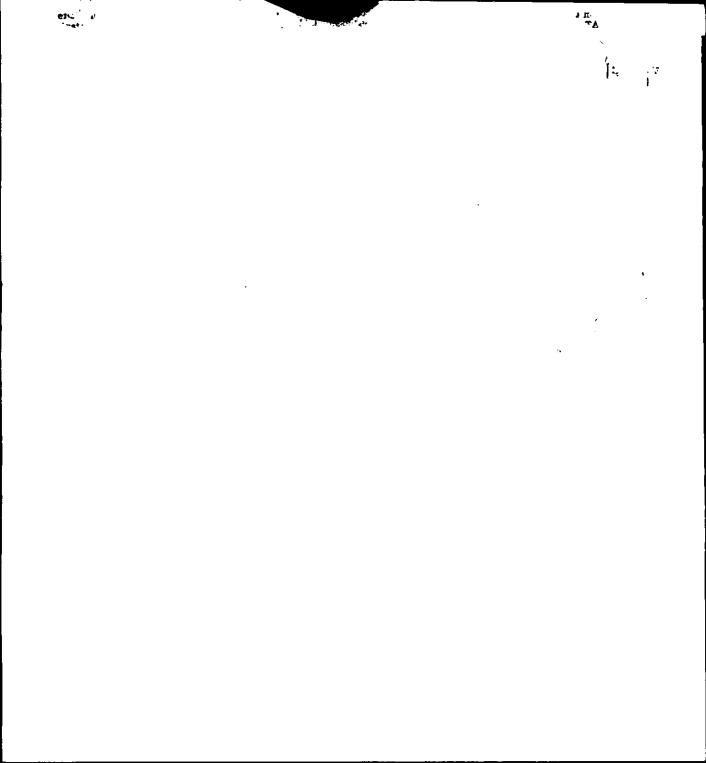
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 31092 1. PLACE OF DEATH File No..... Registration District No.... Registered No. (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX STREE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) CERTIFY, That /I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED, **HUSBAND OF** 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of Importance: year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) PATHER What test confirmed diagnosis?..... Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 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. 17. INFORMANT (ADDRESS) Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS)

Registrar.



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. **₹** 1. PLACE OF DEATH Registration District No. Primary Registration District No. Redistered No. PHYSICIANS (If nonresident give city or town and State) How long in U.S., if of foreign birth? AS Length of residence in city or town where death occurred 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. That I attended deceased from ARE MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF THEY 3 AGE shot 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH UNTIL 7. AGE li LESS than YEARS MONTHS DAYS day, CERTIFICATES 8. OCCUPATION OF DECEASED (a) Trade, profession, or serticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)..... F0. (c) Name of employer WHERE WAS DISEASE CONTRACTED FEE 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHY..... (STATE OR COUNTRY) ⋖ DID AN OPERATION PRECEDE DEATHY...... DATE OF..... RECEIVE to, NAME OF FATHER WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST ARENTS (STATE OR COUNTRY) NOT (Sidned) M. D 12. MAIDEN NAME OF MOTHER (Address) , 19 *State the DISPASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19 20. UNDERTAKER **ADDRESS** 719... FILED..... REGISTRAR

5-31692