## MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 33795 Registration District No Primary Registration District No. 5770B (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 mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write, the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVON to have occurred on the date stated above, at ... The principal cause of death and related causes of importance were as follows: MONTHS-If LESS than 1 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this 6 3 Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis?. (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where A injury occur? Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... 18. BURIAL, CREMATION, OF REMOVAL Nature of injury.....

If so, specify......

(Address)

1. PLACE OF

HUSBAND OF (QR) WIFE OF

(STATE OR COUNTRY)

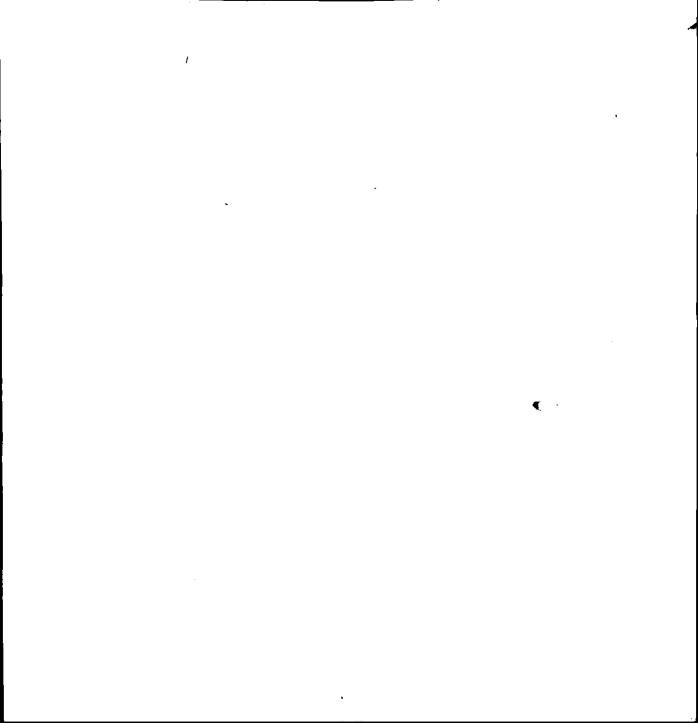
13. NAME

(ADDRESS)

YEARS

3. SEX

7. AGE



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALL FOR MUST BE WRITTEN O THIS SUPPLEMENTARY.	
Township Pr	egistration Distri	ict No. 275 on District No. 37708	File No
(a) Residence, No	yrs. mos.	.,	nresident, give city or town and State) eign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, N DIVORCED (write to		21. DATE OF DEATH (MONTH, DAY, AN	DYEAR) OT 26- ,19  IFY, That I attended deceased to
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		<b>\</b>	, to, 1
(C   -   d	1 & 63 f LESS than 1 lay,hrs.	to have occurred on the day stated a	above, at
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	(years)	Other contributory causes of importan	ace: y
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		4	40 O
13. NAME 14. BIRTHPLACE (CITY OR TOWN)			Date of
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)		Where did injury occur?	Date of injury, 19.
Σ (STATE OR COUNTRY)  17. INFORMANT (ADDRESS)		Specify whether injury occurred in ind	ustry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		Nature of injury	related to occupation of deceased?
19. UNDERTAKER (ADDRESS)  20. FILED 19. WELL (ADDRESS)	T A	If so, specify	, м
(ADDRESS)	Registrar.	(Signed)	

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