MISSOURI STATE BOARD OF HEALTH Do not use this space. PHYSICIANS should state BUREAU OF VITAL STATISTICS 33809CERTIFICATE OF DEATH 1. PLACE OF DEATH Primary Registration District No. Township Registered No. should be stated EXACTLY. PHYSIC: (a) Residence, No.....3 .St.,Ward. (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? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 5. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORGED (write the word) HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,brs. Date of ouset ormin 8. Trade, profession, or particular kind of work done, as spinner, ATION sawyer, bookkeeper, etc.... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ould be carefully so that it may be 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and utory causes of importance: occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation. N. B.—Every item of information sh CAUSE 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 Accident, suicide, or homicide? Date of injury 19 Where did injury occur? 16. BIRTHPLACE (CITY OR YOWN 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) Manner of injury..... Nature of injury 24. Was disease or injury-in any If so, specify (ADDRESS) (Signed) (Address)

