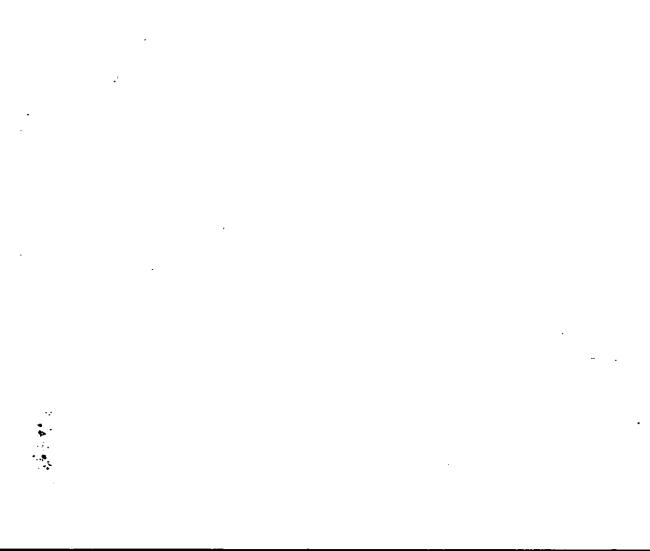
MISSOURI STATE BOARD OF HEALTH Do not use this space PHYSICIANS should state PATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 36941 195 1. PLACE OF DEATE Registration District No..... File No..... Primary Registration District No Registered No. OCCUPATI (a) Residence, No 24 (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. EXAC ent of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) ed a DIVORCED (write the word) ERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at. 1.1.1 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of If LESS than 1 7. AGE YEARS MONTHS DAYS day.brs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc....... UNFADING 9. Industry or business in which work was done, as silk mill, naw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) should is, so the ATHER information s in plain terms What test confirmed diagnosis 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 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. (ADDRESS) Manner of injury CREMATION, OR REMOVAL 24. Was disease or injury in any way If so, specify..... (ADDRESS)



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