MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 33715 1. PLACE OF DEATH Registration District No. Primary Registration District No. RECORD 2. FULL NAME (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) 2 ds. Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 12 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19 3/ DIYORCED (write the word) TIFY, That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED should be ged. Eract s **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 1/15 9 m. l. AGE sho 7. AGE If LESS than 1 YEARS MONTHS DAY5 day,brs. ormin. 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 carefully a 10. Date deceased last worked at 11. Total time (years)
spent in this ild be carefu this occupation (month and Other contributory causes of importance year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) information shoul in plain terms, so 13. NAME 14. BIRTHPLACE (CITY OR TOWN) 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: Accident, suicide, or homicide?..... Date of injury...... 19..... Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in ludustry, in home, or in public place. (ADDRESS) Manner of injury. 18. BURIAL. Nature of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify..... (ADDRESS) (Signed)..... (Address) Registrar.

