MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 791 1. PLACE OF DEATH Registration District No..... Township., Primary Registration District No.... 14247 2. FULL NAME (a) Residence, No (Usual place of abode) 204 /V. (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 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) stated DIVORCED (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, at, The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day,brs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc. UNFADING 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation ... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ATHER information in plain term 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?..... 15. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) -Every item of SE OF DEATH (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury 18. BURIAL/CREMATION: OR REMOVA Nature of injury.... any way related to occupation of deceased? If so, specify 19. UNDERTAKER (ADDRESS),

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