MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS 40542CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No.. File No..... County Township Ann Primary Registration District No. Registered No. OCCUPATION (If nonresident, give city or town and State) mos:4 Length of residence in city or town where death occurred How long in U.S., if of foreign birth? YES. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1934 3. SEX 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. I HEBEBY CERTIFY. That I attended deceases SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF death occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAP) HE CAUSE OF DEATH+ WAS AS FOLLOWS 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ......brs. .....min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... CONTRIBUTORY (b) General nature of industry. (SECONDARY) business, or establishment in which employed (or employer). (duration) \_\_\_\_\_\_\_rs. \_\_\_\_mos (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOW IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY... 10. NAME OF FATHER Every item of information so OF DEATH in plain terms, (STATE OR COUNTRY (Signed). 12. MAIDEN NAME OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT. (Address) 15.

