MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** 15817 CERTIFICATE OF DEATH CTLY. PHYSICIANS should f OCCUPATION is very impor 1. PLACE OF DE County.... Registration District No.... Primary Registration District No.: Registered No. 2. FULL NAM (a) Residence, No. (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? mos. da. entof PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word)? That Lattended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED should be a **HUSBAND OF** (OR) WIFE OF Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above. properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS day. .....hrs. Date of onset or .....min. Mass//-5 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... ĕ 10. Date deceased last worked at 11. Total time (years) this occupation (month and) N. B.—Every item of information should be careru CAUSE OF DEATH in plain terms, so that it may spent in this Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR YOW (STATE OR COUNTRY) 13. NAME Name of operation..... 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) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury...... 18. BURIAL Nature of injury..... If so, specify..... 19. UNDERTAKE (ADDRESS)

