MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS 15953CERTIFICATE OF DEATH 1. PLACE OF DEATH Redistered No. stated EXACTLY. PHYSICIANS statement of OCCUPATION is ver 8 \mathfrak{A} (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred ds. 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 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 3 2 DIVORGED (write the word) 17. CERTIFY. That I attended deceased from SA. IF MARRIED MADONED OR DIVORCED 31,6 May HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) * WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS II LESS than 1 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, CONTRIBUTORY. (SECONDARY) business, er establishment in which employed (or employer), (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHS... M.L. 10. NAME OF FATHER WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER . 19 (Address) "State the DIRRARD CAUSING DEATH, or in deaths from Violent Causes state 13. BIRTHPLACE OF MOTHER (CITY (1) MEANS AND NATURE OF IMURE, and (2) whether Accidental, Suicinal, or HOMOGODAL 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMAN (Address 15. 20. LINDERTAKER

