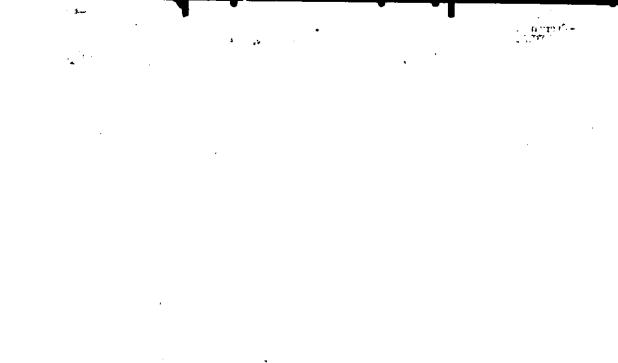
MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH L6750 1. PLACE OF\_DEATH Registration District No. Primary Registration District NO 730 Registered No. 2. FULL NAM (a) Residence. No. S (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred YES. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) attended deceased from 5A. IF MARRIED, WIDOWED: DR DIVORCED should be a HUSBAND OF (OR) WIFE OD to have occurred on the date stated above, a 6. DATE OF BIRTH (MONTH, DAY, AND YEAR AGE sho classified. The principal cause of death and related causes of importance were as follows: MONTHS DAYS If LESS than 1 7. AGE YEARS day, .....hrs or .....mln. 8. Trade, profession, or particular supplied. kind of work done, as spinner, ŏ sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... information should be carefully in plain terms, so that it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis 2 CONCERNATION there an autopsy?... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external fauses (violence), fill in also the following: 15. MAIDEN NAMÈ ELO 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 Industry, in home, or in public place. 17. INFORMANT Manner of Injury 18. BURIAL, CRÉMATION, Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? (ADDRESS) (Signed).... (Address) .....

RECORD



.

.. C