Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE-OF DEATH 17139stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. 1. PLACE OF DEATH Registration District No..... Registered No. (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 mos. How jong in U.S., if of foreign birth? ds. mna PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF that I last saw h ____alive on _____ death occurred, on the date stated above, at.... 6. DATE OF BIRTH (MONTH, DAY AND YEAR) If LESS than 1 7. AGE YEARS MONTHS day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (duràtion) which employed (or employer) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER State the Disease Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (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. UNDERTAI REGISTRAR

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