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 189651. PLACE OF DEAT File No..... County... Registration District No Primary Registration District N Registered No... RECORD (a) Residence, No...... (If nonresident, give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred MEDICAL CERTIFICATE/OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE SINGLE: MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) I HEREBY CERTIFY, That I attended deceased from MARRIED, WIDOWED, OR DIVORCED should be a **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR), The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS . AGE classifie Trade, profession, or particular kind of work done, as spinner. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) should 1 13. NAME Name of operation..... information s in plain terms What test confirmed diagnosis?..... Was there an autopsy?.... 14. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY 23. If death was due to external causes (violence), fill in also the following: MOTHER WRITE 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. N. B.—Every item of CAUSE OF DEATH 17. INFORMANT (ADDRESS) 18. BURIAL CREMATION. OR Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify 19. UNDERTAKER (Address)

