MISSOURI STATE BOARD OF HEALTH Do not use this space. OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH PHYSICIANS should 22381 1. PLACE OF DEATH County C Registration District No... Primary Registration District No. 6329 Registered No. 2. FULL NAME (Usual place of abode) (If nonresident, give city or town and State) stated EXACTLY statement of OCC Length of residence in city or town where death occurred How long in U.S., if of foreign birth? YES. mos. 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) attended deceased from MARRIED, WIDOWED, OR DIVORCED should be sed. Exact s HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the day states 7. AGE The principal cause of death and related causes of importance were as follows: YEARS MONTHS DAYS If LESS than 1 day, ......hrs. or .....min. 8. Trade, profession, or particular should be carefully supplied. ŏ 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. N. B.—Every item of information should be carefully CAUSE OF DEATH in plain terms, so that it may be 10. Date deceased last worked at 11. Total time (years)
spent in this occupation. this occupation (month and year) aford 372 also 12. BIRTHPLACE (CITY OR TOWN (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: MOTHER 15. MAIDEN NAME 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. 17. INFORMANT (ADDRESS) Manner of injury 18. BURIAL CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... UNDERTAKER If so, specify.. (ADDRESS) (Signed)

