MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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| Towaching John Primary Registration District No. Registered No. St. Ward. (If nonresident, give city or town and State) Registred No. (If nonresident, give city or town and State) Length of residence in city or town where death occurred Law. PERSONAL AND STATISTICAL PARTICULARS MEDICAL OF IFFICATE OF DEATH SEX 4. COLOR OR RACE SINCH MARNITE, WINDOWED, OR DIPPINCED WORDED SWYLE OF SUPPLE MARNITE, WINDOWED, OR DIVERS MIND OR SINCH | | CERTIFIC | ATE OF DEATH | |
|--|------|--|--|--|
| Township And Primary Registered No. Primary Registered No. Registered No. | • | 1. PLACE OF DEATH County County Registration District No. 5364 | | 25816 |
| 2. FULL NAME A COUNTRY AND VARIOUS AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE OF A COLOR OF RACE DISONOCIO (User) in the word) OF A COLOR OF RACE OF | 3 | | | |
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| SEX 4. COLOR OR RACE Divorgeo Largie the word AU 15 MARRIED, WIDOWED, or Divorceo Divorgeo Largie the word AGE 16 MISSAND VEAR MONTHS DATE OF BIRTH (MONTH, DAY, AND VEAR AGE YEARS MONTHS DAY 17 LESS than 1 day, hrs. or min. 18. Trade, profession or particular manyer, bookkeeper, etc. 19. Industry or business in which year) 19. Industry or business in which year in this occupation. Other contributory causes dimportance: Other contributory causes dimp | = | 70 | | |
| IF MARRIED, WIDOWED, OR DIDRREED HUSSAND OF (OR) WIFE OF COUNTRY) JATE OF BIRTH (MORTH, DAY, AND YEAR) JAME OF YEARS MONTHS DAY IT LESS than 1 day, hrs. or min. Jay his and the actuated of the date stated of a st. Jah. m. The principal cause of death and relieve causes of importance were as follow work was done, as splinner, etc. Jay his actuated of the date stated of the chart of the country of the date stated of the chart of the chart of the country of the chart of t | 3. | | | <u> </u> |
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| AGE YEARS MONTHS DAN IT LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sighner, kind of work done, as sighner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) occupation. BIRTHPLACE (CITY OR TOWN) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. MAIDEN NAME 18. Trade, profession, or particular kind of work done, as silk mill, saw | | (OR) WIFE OF Clarabory. | | 2, 19.3.2. Death is said |
| 8. Trads, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation. 11. Total time (years) Other contributory causes (importance: 12. Other contributory causes (importance: 13. NAME 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME (CITY OR TOWN) 15. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. MAIDEN NAME (ACCOUNTRY) 18. BIRTHPLACE (CITY OR TOWN) 19. What test confirmed diagnosis? Was there an autopsy? 20. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. 19. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 19. Where did injury occurred in industry, in home, or in public place. 11. Total time (years) What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury (Signed) Address) | | AGE YEARS MONTHS DAYS If LESS than 1 | | e, at |
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