MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County.... I. / Registration District No.... Primary Registration District No. Registered No. uld be stated bances. Exact statement of OCCUPATIC 2. FULL NAME. (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 long in U.S., if of foreign hirth? YTS. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) If LESS than i 7. AGE MONTHS YEARS day,hrs ormin Trade, profession, or particular 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..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) y item of information sh DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOW) (STATE OR COUNTRY) death was due to external causes (violence), fill in also the Accident, suicide, or homicide? Date of injury...... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State (STATE OR COUNTRY) ury occurred in industry, in home, or in public place. (ADDRESS) Nature of injury 9 24. Was disease or injury in a If so, specify...... (Signed). Registra

and 2 (10, 12, 2. 8. 4. 5. 4. 3. garaca M. Berry Der Jan 3 19.82