MISSOURI STATE BOARD OF HEALTH 26989 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH File No..... Registration District No. Grimary Registration Istrict No Registered No. (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? mos. ds. Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, OR 3, SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from .. 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes incontance were as follows: If LESS than 1 MONTHS DAYS 7. AGE YEARS day,hrs. ormin. 8. 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 11. Total time (years) spent in this 10. Date deceased last worked at formation should be carefu plain terms, so that it may this occupation (month and Other contributory causes of importance: occupation. year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME Date of... What test confirmed diagnosis? as there an autopsy?. 14. BIRTHPLACE (CITY OR TOWN information (STATE OR COUNTRY) 28. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?.. Where did injury occur?... 1 .5 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) WRIT Every item of i (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?. If so, specify... 19. UNDERTAKER (ADDRESS)

