MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS important CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No.. statement of OCCUPATION is very Primary Registration District No. 4087 1932 Registered No..... (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. ds. How long in U. S., if of foreign birth? 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) attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at/./.. The principal cause of death and related causes of importance were as follows: N. B.—Every item of information subtant to that it may be properly classified. GAYS If LESS than 1 7. AGE YEARS MONTHS day,brs. Date of onset ormin. 0-25-8. Trade, profession, or particular kind of work done, as spinner, CUPATION sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation.... year).... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis?...... Was there an autopsy 🕢 14. BIRTHPLACE (CITY OR TOWN)...... (STATE OR COUNTRY) 23. 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? 16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION 24. Was disease or injury in any way related to occupation of deceased?... If so, specify (ADDRESS) (Signed) Registrar.

