MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 31878 CERTIFICATE OF DEATH 8 1. PLACE OF DEATH Ġ County Registration District No..... တ Primary Registration District No... 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 How long in U.S., if of foreign birth? mos. yrs. 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) That I 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......m. properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS DAYS If LESS than 1 YEARS day,hrs. orrnin. 8. Trade, profession, or particular kind of work done, as spinner, N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly c ATION 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 Total time (years) spent in this this occupation (month and contributory causes of importance year) occupation..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) FATHER 13. NAME 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: OTHER 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..... Z4. Was disease or injury in any way related to occupation of deceased?... If so, specify 19. UNDERTAKER (ADDRESS)

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