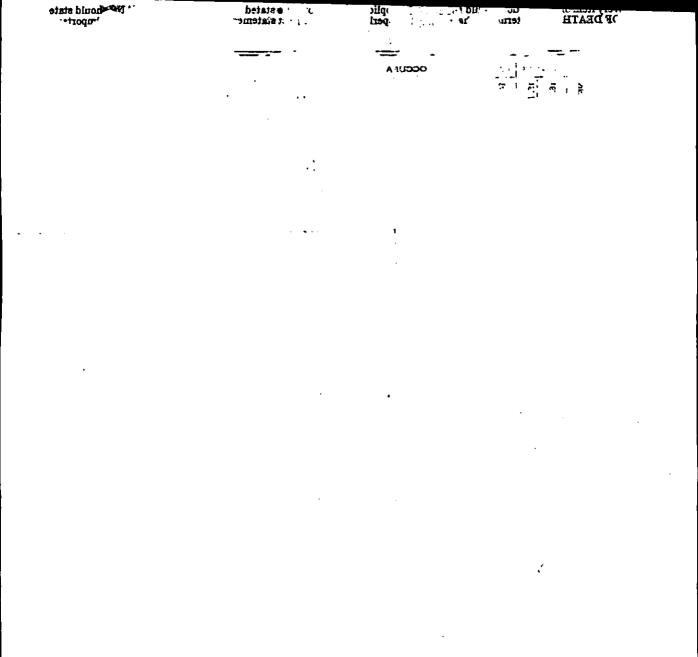
MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 35222 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... File No..... Primary Registration District No....5...3 Registered No...... Clty..... (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., If of foreign birth? Length of residence in city or town where death occurred mos. da. dя. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ERTIFY 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) y nem or information should be carefully supplied. AGE sho DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: If LESS than I 7. AGE YEARS MONTHS ØAYS. 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 this occupation (month and Other contributory causes of importance: year).... occupation 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: 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, CRÉMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased?.... If so, specify... 19. UNDERTAKER (ADDRESS) (Signed).....



LAEY.	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY,
CAUSE OF DEATH IN plain terms, so that it may be properly classified. A cast statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE	1. PLACE OF DEATH County Registration Distri Township Primary Registratio City (No.	on District No. 5335	File No
	2. FULL NAME (a) Residence, No	.,	nresident, give city or town and State) eign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (tortie the word)	21. DATE OF DEATH (MONTH, DAY, AND	O YEAR) O 3 ,19 3
	Sa. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	to the second	, to, 19, 19
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the data stated a	bove, atm.
	7. AGE YEARS MONTHS DAYS If LESS than 1 day,	Onland rel	ated causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as spinner, 0 sawyer, bookkeeper, etc.	ace Sil	etalin of
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importat	100:
	12. BIRTHPLACE (CITY OR TOWN)	7	
	13. NAME 14. BIRTHPLACE (CITY OR YOWN)	Name of operation	Date of
	(STATE OF COOKING)	23. If death was due to external cause	was there an autopsy?es (violence), fill in also the following:
	15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Where did injury occur?(Spec	My city of town, county, and State)
	17. INFORMANT	Specify whether injury occurred in Ind	ustry, in home, or in public place.
	(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nature of injury	
	PLACE	24. Was disease or injury in any way :	related to occupation of deceased?
REGI	19. UNDERTAKER // (ADDRESS)	(Signed)	, M. D.
	20. FILED 11-4 1932 BOTSall Registrar.	(Address)	