MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. 38773 S 1. PLACE OF DEATH Registration District No. File No. Township Primary Registration District No. 1 Registered No. 8 (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 ds. How long in U.S., If of foreign birth? mas mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED OR 3. SEX 4. COLOR OR RACE 19 7 Z 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. CERTIFY, That I attended deceased from..... 5a. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS Months If LESS than 1min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... CONTRIBUTORY. (b) General nature of Industry. (SECONDARY) that it may be business, or establishment in ______ds_ which employed (or employer)..... (e) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH (STATE OR COUNTRY) 10. NAME OF FATHER N. B.—Every item of information at CAUSE OF DEATH in plain terms, 11. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Address) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OF TO (1) MEANS AND NATURE OF INJUNEY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 15. ADDRESS 20. UNDERTA REGISTRAR

