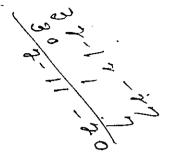
MISSOURI STATE BOARD OF HEALTH Do not use this space. SICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF OF Registration District No. (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR 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 to have occurred on the date stated above, at/ 6, DATE OF BIRTH (MONTH, DAY, AND YEAR) AGE sho classified. The principal cause of death and related causes of importance were as follows: DAYS If LESS than 1 7. AGE day, .....brs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner, properly sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... carefully s it may be p 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... year) ..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S 13. NAME in plain terms, 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide? Date of injury ......, 19...... Where did injury occur?..... (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. Nature of injury... 19. UNDERTAKER (ADDRESS)



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