MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

42551. PLACE OF DEATH Registration District No... Primary Registration District No.... Registered No.....St. (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. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE Q 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: 7. AGE YEARS MONTHS If LESS than 1 DAYS day.hrs. ormin. Trade, profession, or particular kind of work done, as spinner, OCCUPATION 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 11. Total time (years)

year).... occupation... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

spent in this

13. NAME

this occupation (month and

14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)

15. MAIDEN NAME

(STATE OR COUNTRY) 17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (CITY OR TOWN)

FATHER

MOTHER

19. UNDERTAKER

Name of operation.

What test confirmed diagnosis? 23. If death was due to external_causes (violence), fill in also the following:

Do not use this space.

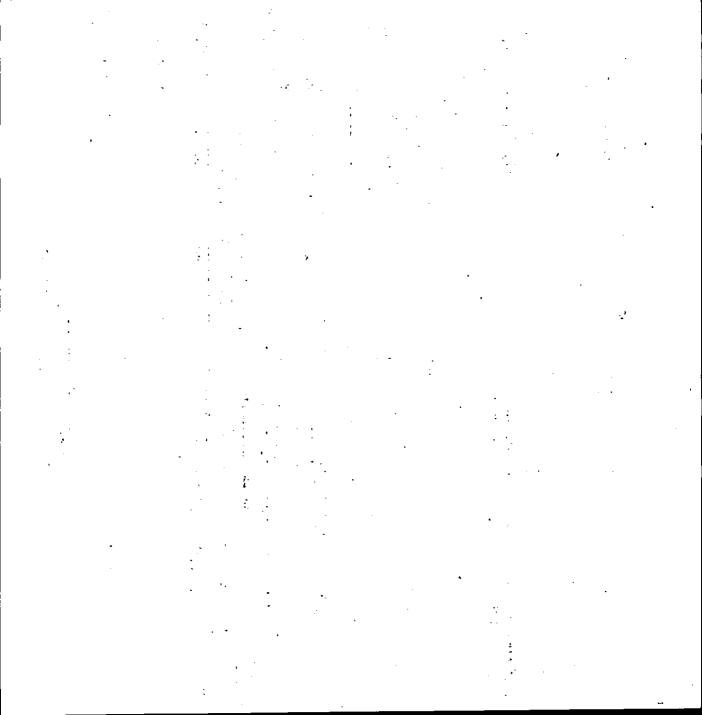
Accident, suicide, or homicide? Page Date of injury 19 19 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury....

Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....



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THIS	SUPP	LEM	ENTA	RY.	

County Co	1. PLACE OF DEATH ' '		701					
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NO! RECEIVE A FEE FUR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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