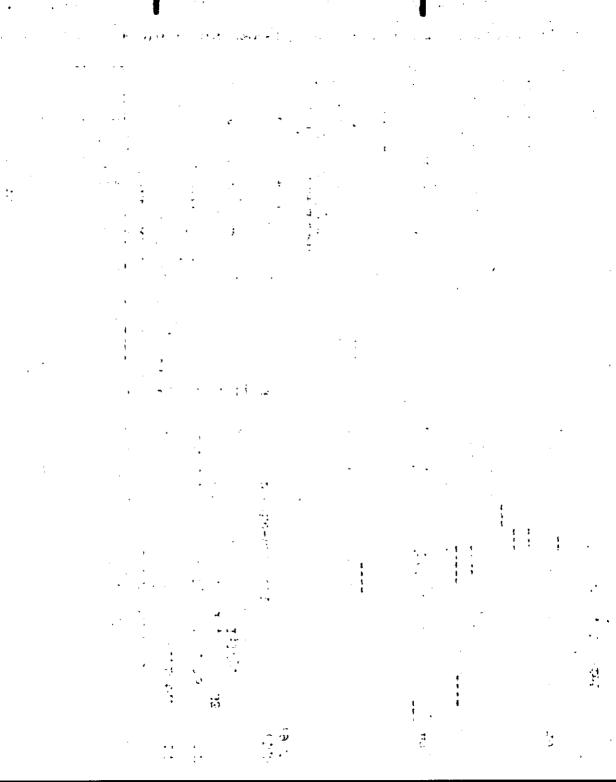
MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH **3806** 1. PLACE OF DEAT County Registration District No File No. Primary Registration District No. Township. Registered No...... 2. FULL NAM (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. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Feb. 10th. , 193 3 I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED Feb. 5th. 19 33to Feb. 16 **HUSBAND OF** (OR) WIFE OF I last saw h. Gr. alive on Feb. 10, 19 33 Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at ... 1:15 pm. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS If LESS than I classifi day,hrs. Date of onset Broncho-pneumonia ormin. Feb.5 Trade, profession, or particular kind of work done, as spinner, 1933 supplied. properly c 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) this occupation (month and spent in this occupation.... Other contributory causes of importance: year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis. 14. BIRTHPLACE (CITY OR TOWN) N. B.—Every item of information CAUSE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 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..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... 20..... If so, specify..... (ADDRESS) (Signed)..... (Address) ... Bowling Green Misson



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