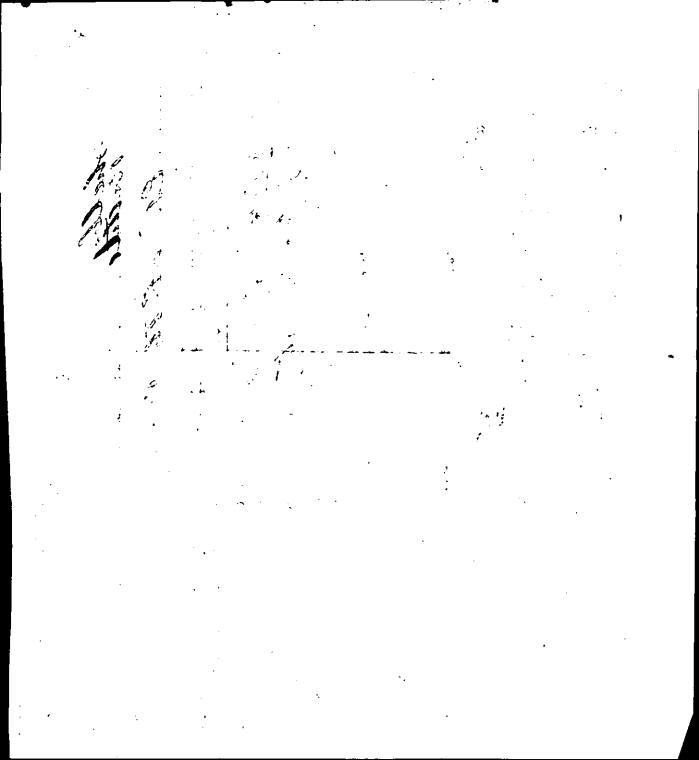
Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS PHYSICIANS should stat PATION is very importan CERTIFICATE OF DEATH 61. PLACE OF DEA 6186Registration District No ... File No..... Registered No ... Primary Registration District No...... (a) Residence, No... (Usual place 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 mos. 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) HEREBY CERTIFY, That I attended deceased from (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: DAYS If LESS than I 7. AGE YEARS MONTHS Date of onset ormin. 8. 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..... 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) B.—Every item of information should USE OF DEATH in plain terms, so th Name of operation..... Date of What test confirmed diagnosis? .. CX Was there an autopsy? 14. BIRTHPLACE (CITY OR TOW) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did in ury 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.... Nåture of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify...... 19. UNDERTAKER (ADDRESS)



MISSOUR! STATE BOARD OF HEALTH PHYSICIANS should state BUREAU OF VITAL STATISTICS ALL INFORMATION CALLED CERTIFICATE OF DEATH FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. 1. PLACE OF DEATHS Registration District No. 526 File No..... Primary Registration District No. 6057 Registered No. City 2. FULL NAME..... (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? 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 (uprite the word) ,19 7 2 stated I HEREBY CERTIFY. That I attended deceased from Œ 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF I last saw h..... alive on 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-18 49 The principal cause of Bouth and related causes of importance were as follows: 7. AGE If LESS than 1 MONTHS DAYS FNO day,hrs. Date of onset 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..... 10. Date deceased last worked at 11. Total time (years) 핑 per contributory causes of importance: this occupation (month and spent in this vear)..... occupation..... FOR 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) should 1 FATHER **13. NAME** Name of operation...... Date of 14. BIRTHPLACE (CITY OR TOWN)...... What test confirmed diagnosis?..... Was there an autopsy?..... RECEIVE information (STATE OR COUNTRY) 28. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) NOT 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Every item of OF DEATH Specify whether injury occurred in industry, in home, or in public place. SHALL 17. INFORMANT.... (ADDRESS) Manner of injury.... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury EGISTRARS 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER. (ADDRESS)

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