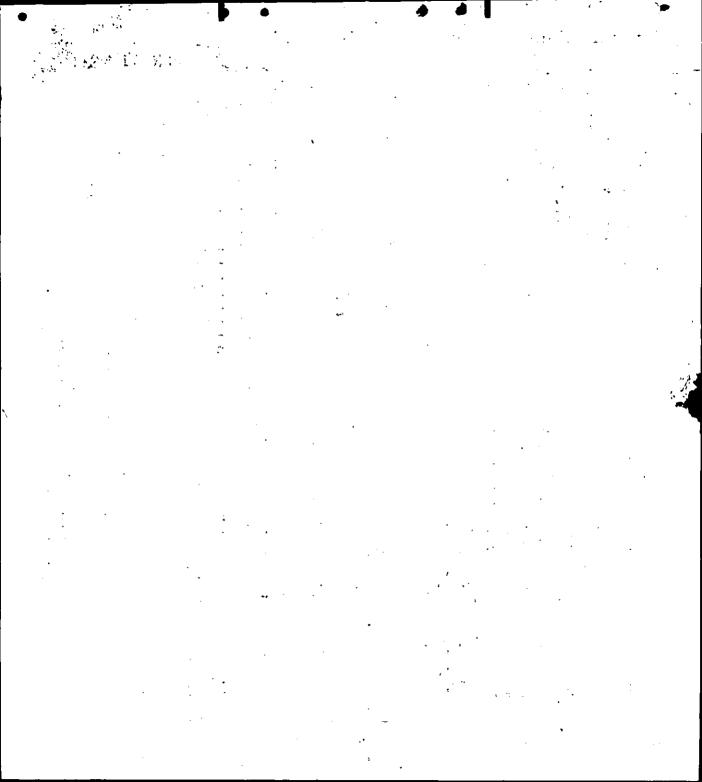
MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No... File No..... Primary Registration District No. 2708 Registered No. (a) 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 SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, HUSBAND OF . AGE should be classified. Exact (OR) WIFE OF 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 If LESS than 1 MONTHS DAYS day.hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... supplied. properly c 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... should be carefully is, so that it may be 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this #0 Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation Et klar of terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?..... information Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: OTHER 멸 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 18. BURIAL, CREMATION OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER (ADDRESS) Registrar.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH PHYSICIANS should 1. PLACE OF DEATH Lucur Primary Registration District No. 5/08 Registered No. RECORD (a) Residence, No...... (Usual place of abode) (If nonresident, give city or town and State) ANENT How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mas. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COM 3. SEX 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 ā SA. IF MARRIED, WIDOWED, OR DIVORCED to....., 19..... ₹ uld be Exact HUSBAND OF (OR) WIFE OF Ē to have occurred on the stated above, at.....m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) LETINO of death and related causes of importance were as follows: The principal caul If LESS than I 7. AGE YEARS MONTHS DAYS ormin Ż CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, CCUPATION 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 er contributory causés of importance: occupation.... 0 so that it 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation RECEIVE in plain terms, What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME 202 Where did injury occur? (Specify city or town, county, and State) 16, BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. SHALL 17. INFORMANT. Manner of injury (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL & REGISTRARS 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.... 19. UNDERTAKER (ADDRESS)

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