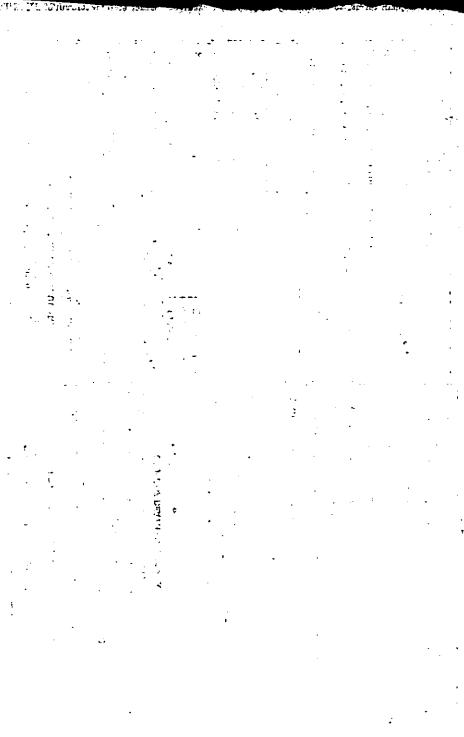
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS 1202**8-**H CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. File No..... Primary Registration District No. 4498 Registered No. (a) Residence, No....St.,Ward. (Usual place of abode) (If nonresident, give 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. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) The Com-1933 DIVORCED (write the word) 17. I HEREBY CERTIFY, That I attended deceased from...... 5A. IF MARRIED, WIDOWED, OR DIVORCED, 19....., to......, 19....., 19......, 19...... HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) YEARS 7. AGE MONTHS DA\s If LESS than 1 day,hrs. 10 ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work CONTRIBUTORY (b) General nature of industry. business, or establishment in which employed (or employer)... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY...... DATE OF...... 10. NAME OF FATHER WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR, TOWN). WHAT TEST CONFIRMED DIAGNOSIS7 PARENT (STATE OR COUNTRY) Mer. 1933-(Address) Lum 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT. (Address) 15. 20. UNDERTAKER ADDRESS



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

ALL INFORMATION CALLED CERTIFICATE OF DEATH FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. 1. PLACE OF DEATH? Registration District No. 23 County Manager Land File No..... Primary Registration District No. 4498 Registered No. 11 1 Blake eman (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mas. How long in U.S., if of foreign birth? VFS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) ,19 ⊰ ,⇒ DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED, 19....., 19....., 19...... HUSBAND OF (OR) WIFE OF apr 16-1904 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 1 7. AGE MONTHS **YEARS** 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) this occupation (month and apent in this contributory causes of importance: year)..... occupation.....

CCUPATION 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME

(STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 17. INFORMANT (ADDRESS)

14. BIRTHPLACE (CITY OR TOWN).

18. BURIAL, CREMATION, OR REMOV

19. UNDERTAKER. (ADDRESS)

20. FILED aprio- 1933! Water Roace

Registrar.

Name of operation..... Date of What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury. Nature of injury.....

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

(Signed) M. D.

5-12028