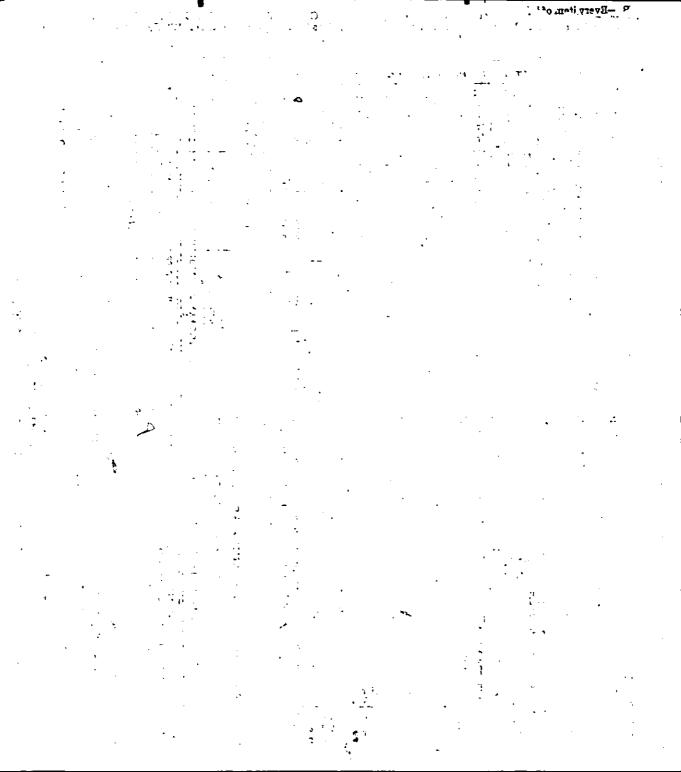
MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state id. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEA County. Registration District No..... Registered No..... (a) Residence, No. (Usual 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? 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) CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED 33**HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at ...... N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. 6 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... CCUPATION 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) spent in this this occupation (month and Other contributory causes of importance: occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation. 14. BIRTISPLACE (CITY OR TOWN) What test confirmed diagnosis?..... Was there an autopsy?..... (STATE OR COUNTRY) suses (violence), fill in also the following: Wece deve Date of injury Accident, suicide, or homicide? Where did injury occur? about 5 mi S. 16. BIRTHPLACE (CITY OR TOWN) Specify city or town, county, and State) 11 (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... IB, BURIAL. 24. Was disease or injury in any way related to occupation Registrar.

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MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED ¥ LY. PHYSICIANS should state CCUPATION is very important. BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN CO CERTIFICATE OF DEATH THIS SUPPLEMENTARY. B 1. PLACE OF DEATH Registration District No. File No..... Ø Primary Registration District No. 57/12 Registered No. 14/ PRESCRI (No.. 2. FULL NAME...... (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) COMPLETED 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 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) stated 3 ARE I HEREBY CERTIFY That I attended deceased from 5A. 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be THEY (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNTIL The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ......hrs. or ......mln. CERTIFICATES 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) spent in this this occupation (month and C, year)..... occupation .... õ 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) should ⋖ 13. NAME Name of operation.... Date of..... RECEIVE in plain terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?.... ...... Was there an autopsy?..... information (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Ξ ROT MOT Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) .... (Specify city or town, county, and State) (STATE OR COUNTRY) N. B.—Every item of CAUSE 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..... REGISTRARS 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify 19. UNDERTAKER. (ADDRESS) (Signed)....... M. D. 20. FILED Registrar

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