MISSOURI STATE BOARD OF HEALTH Do not use this space. CTLY. PHYSICIANS should state of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No.... Primary Registration District No. Registered 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 YES. mos. mag MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) RTIF That A attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF ould t Exac 6. DATE OF BIRTH (MONTH ΑΌΑΥ, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS DAYS If LESS than 1 MONTHS AGE lassifie day,hrs. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... e carefully a 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) should be (STATE OR COUNTRY) 13. NAME Name of operation _____ Date of _____ What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN information (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: ii I 15. MAIDEN NAME Accident, suicide, or homicide?...... Date of injury......, 19....... Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... 19. UNDERTAKER (ADDRESS) (Signed)..

