MISSOURI STATE BOARD OF HEALTH Do not use this space SICIANS should state BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 25606 1. PLACE OF DEA Registration District No Registered No. 27 2. FULL NAME (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred 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 HEREBY 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 17 19**33** Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) occurred on the date stated importance were as follows: 7. AGE MONTHS day.....hrs. 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)
spent in this this occupation (month and year) Other contributory causes of importance: occupation 03541 BIRTHPLACE (CITY OF (STATE OR COUNTRY) 8 terms, Name of operation. information s in plain terms What test confirmed diagnosis Plan Show 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: 15. MAIDEN NAME 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. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION. Nature of injury 19. UNDERTAK Registrar.

