MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 25886 TO Consty Begistration District No. Primary Registration District No. Registered No. Regi			<u> </u>		
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23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury	′ ≿	ısı,	LA BIRTHPLACE (CITY OF TOWN)		<i>x</i>
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