MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS TLY. PHYSICIANS should state OCCUPATION is very importan CERTIFICATE OF DEATH 29346 1. PLACE OR/D Registration District No. File No..... Primary Registration District No. Registered No..... 2. FULL (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 How long in U. S., if of foreign birth? ds. stated EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORGED (write the word) /Phat attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED should be sed. Exact s **HUSBAND** of (OR) WIFE OF Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ito have occurred on the date stated above, at, AGE shot classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS day,hrs. Date of onse ormin. 8. Trade, profession, or particular supplied. properly o kind of work done, as spinner, sawyer, bookkeeper, etc.. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... e carefully sit may be p Date deceased last worked at this occupation (month and spent in this Other contributory causes of importance year)..... occupation 12. SIRTHPLACE (CITY OR TOWN)... ld be that i (STATE OR COUNTRY) information shoul 80 13. NAME 14. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis?...... Was there an autopsy?...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: in plain Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMO 24. Was disease or injury in any way related to accupation of deceased? 19. UNDERTAKER (ADDRESS) 20. FILED Registrar.

