J#N 26 1934 MISSOURI STATE BOARD OF HEALTH Do not use this space. CTLY. PHYSICIANS should state f OCCUPATION is very important. BUREAU OF VITAL STATISTICS 39030 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No ... File No..... Primary Registration District No. 3600 Registered No. (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. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS stated EXAC statement of 4. COLOR OR RACE 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write,the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS DAYS If LESS than 1 YEARS 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..... ould be carefully so that it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory occupation.... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER information shoul in plain terms, so **13. NAME** PLAINLY 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 Accident, suicide, or homicide? ______Date of injury._____, 19.____ Where did injury occur? (Specify city or town, county, and State) 2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) y item of i DEATH i Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS)

