MISSOURI STATE BOARD OF HEALTH Do not use this space. MAR 24 1934 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH stated EXACTLY. PHYSICIANS should statement of OCCUPATION is very impor Primary Registration District No.... Registered No..... (a) Residence, No...... St., Ward. (If nonresident, give city of town and State) (Usual place of abode) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mos. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) با فحوا , DIVORCED (write the word) HEREBY CERTIFY. That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be red. Exact (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than I YEARS MONTHS DAYS day,hrs. classifi ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 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-Other contributory causes of importance: year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME / 14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place, (ADDRESS) Manner of injury 18. BURIAL, CREMATION OR REMOVAL Nature of injury 24. Was disease or injury in any, way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... (Address).....

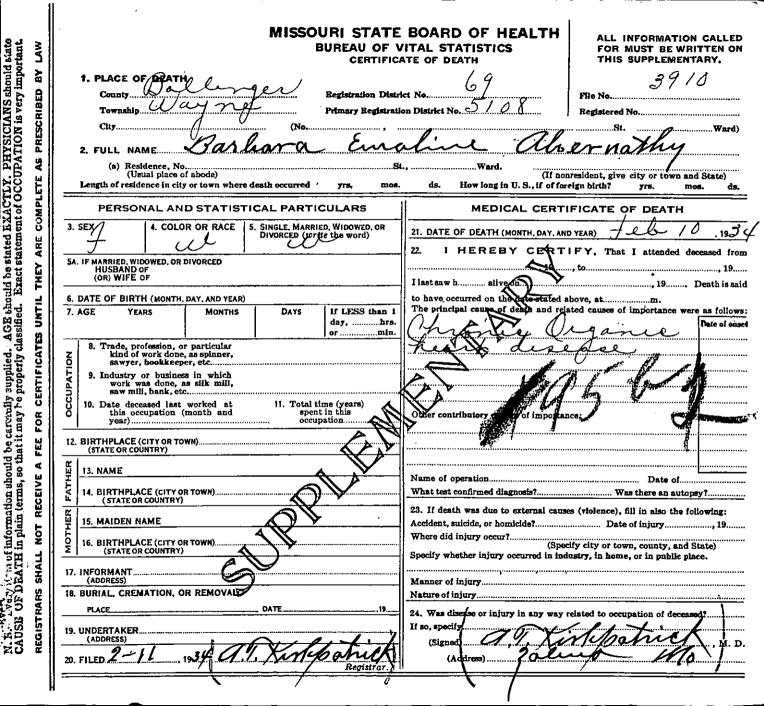
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