MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Clin Countr Registration District No....... File No. Primary Registration District No Registered No. (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? VFS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 4. COLOR OR SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR DIVORCED (PAR 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE If LESS than 1 YEARS MONTHS DAYS I. AGE classifie day,hrs ormin. 8. Trade, profession, or particular kind of work done, as spinned sawyer, bookkeeper, etc. supplied. properly 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) occupation..... 12. BIRTHPLACE (CITY/OR TOWN)
(STATE OR COUNTRY) in plain terms, so Name of operation..... 14, BIRTHPLACE (CITY OR TOW 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: 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. (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any (ADDRESS) Registrar.

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