MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH PLACE OF BEATH 10104County Wandolph Registration District No. 7.35 File No..... Primary Registration District No. 3034 Registered No..... (a) Residence, No.....5Ward. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR MONCH . 1934 DIVORCED (write the word) CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED . AGE should be classified. Exact **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 1. 20 f.m. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS A DAYS If LESS than 1 day,hrs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, suppued. properly cl sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... so that it may be 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of impertance year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME USE OF DEATH in plain terms, What test confirmed diagnosis? Chiuses 14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 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) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any gray related to occupation of deceased?... If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... Registrar.

