MISSOURI STATE BOARD OF HEALTH Do not use this space. OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 101531. PLACE OF DEAT Registration District No... File No... County Primary Registration District No. 3036 Registered No. 38 (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 / yrs. mos. VIS. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 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: If LESS than 1 7. AGE YEARS MONTHS DAYS day, .....hrs. or .....min. 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..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year) hat for Alexand occupation BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) -Every item of information E OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 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. Manner of injury..... (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?...... If so, specify..... 19 HNDERTAKER (ADDRESS) (Signed)...

