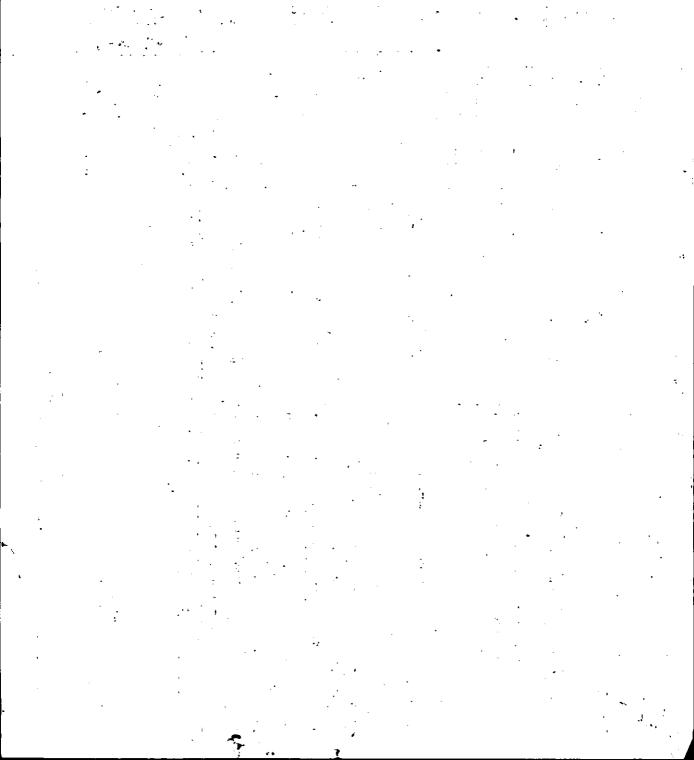
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS Y. PHYSICIANS should state CUPATION is very important. CERTIFICATE OF DEATH 23034 1. PLACE OF DE Registration District No...... 5008 Township Primary Registration District No... Registered No. 4 Clty..... 2. FULL NAME (a) Residence, No..... (If nonresident, give city or town and State) (Usual place of abode) mos. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred ŏ MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** AGE should be assified. Exact (OR) WIFE OF 6, DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated The principal cause of death and related causes of importance were as follows: DAYS if LESS than i 7. AGE YEARS MONTHS 8. Trade, profession, or particular kind of work done, as spinner, Every item of information should be cerefully supplied.
OF DEATH in plain terms, so that it may be properly of sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation .... year) ..... 12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) FATHER 13. NAME What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and 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..... 24. Was disease or injury in any way related to occupation of deceased?. If so, specify ..... 19. UNDERTAKE (ADDRESS) vinaes Registrar.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEAT 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? ds. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 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 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNTIL of death-and related causes of importance were as follows: 1 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at Total time (years) this occupation (month and spent in this contributory causes of importance: occupation... FOR year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation..... 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 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. N. B.—Every item of CAUSE OF DEATH 17. INFORMANT (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)

5-23034

€.