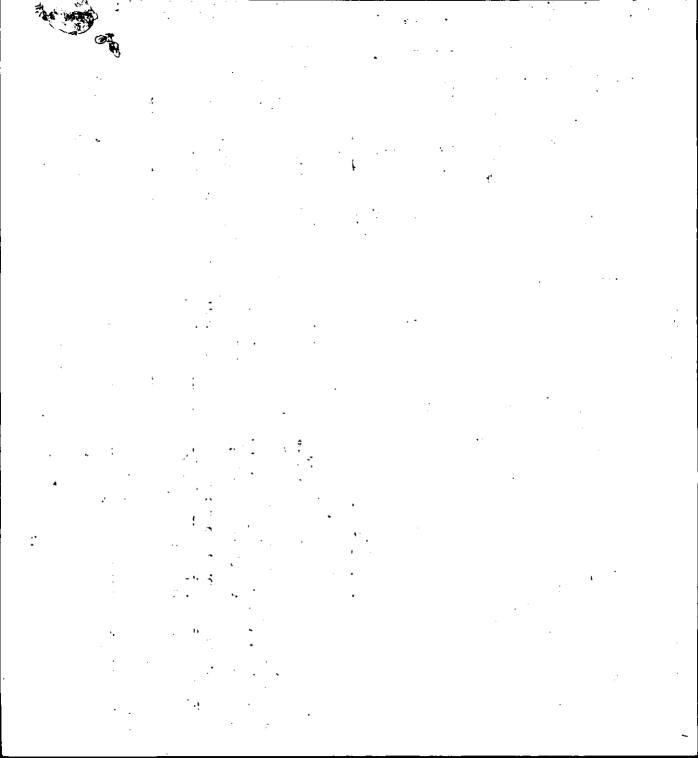
MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state od. Exact statement of OCCUPATION is very important. SED 14 HERE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DE Registration District No. County Primary Registration District No.... 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? yrs. mos. de. YFB. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 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, UR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 to have occurred on the date stated above, at # : 60 m. The principal cause of deathrand related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs or .....min. 8. Trade, profession, or particular kind of work done, as spinner, —Every item of information should be carefully supplied.
SE OF DEATH in plain terms, so that it may be properly 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 occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy?...... 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) / January 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, 17. INFORMANT (ADDRESS) Manner of injury..... Nature of injury..... If so, specify..... 19. UNDERTAKER (ADDRESS)



## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

## WASHINGTON

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make

every effort to obtain the following infor from the death certificate.	mation, indicated by check marks, lacking
	1
Name: Dilla Unn 14	on Cen 12 - 1931 St.
Who died at	on// Clay 12 - 1934
Residence: No.	St
	(If nonresident, city or town)
Length of residence in city or	
town where death occurred: Years	Months Days
Sex_ f Color or race  Single	, married, widowed or diverced:
Date of birthAge:	
)	(h) Taduatus as business in which
Occupation: (a) Trade, profession, or	
particular kind of work done, as spinner,	Work was done, as silk mill,
sawyer, bookkeeper, etc.	saw mill, bank, etc.
	<del></del>
Date dedeased last worked at this occupation	· He postatie preumonen
Date deceased last worked at this occupation	on: MonthYear
Birthplace (State or country)	, , , , , , , , , , , , , , , , , , , ,
Birt place of father (State or country)	ferated 4-6 premius
Birthplace of mother (State or country)	Aplaratory laborationing
Principal cause of death:	
Johan Aneum	ous /p/
( /	
Other contributory causes of importance	
Name of operationDate	of
What test confirmed diagnosis?	Was there an autopst?
If death was due to external causes (viole	nce) fill in also the following:
Accident, suicide, or homicide?	Date of injury, 19
where did injury occur?	
(Specify	city or town, county and State)
Specify whether injury occurred in <u>industr</u>	y, in home, or in public place.
Manner of injury	
Nature of injury	
Was disease or injury in any way related t	o occupation of deceased?
If so, specify	
Name of physician	
Address of physician	see On 1
Signature of Registrar/	Date filed // 1/2
This information is sought for statis	tical purposes only and in order that the
official report may be complete and correc	t. Please reply promptly using the en-
closed official envelope which requires no	
<u>-</u>	<del>-</del>
Reg. Dist. No. 30	& 1mo Jung K 78ha
Primary Reg. Dist. No. 30 a 3	Very truly yours, Gaugh ma
111mmil 1000 -1000 1000	

Special Agent.

Carry State

5-28224

G. A. ....