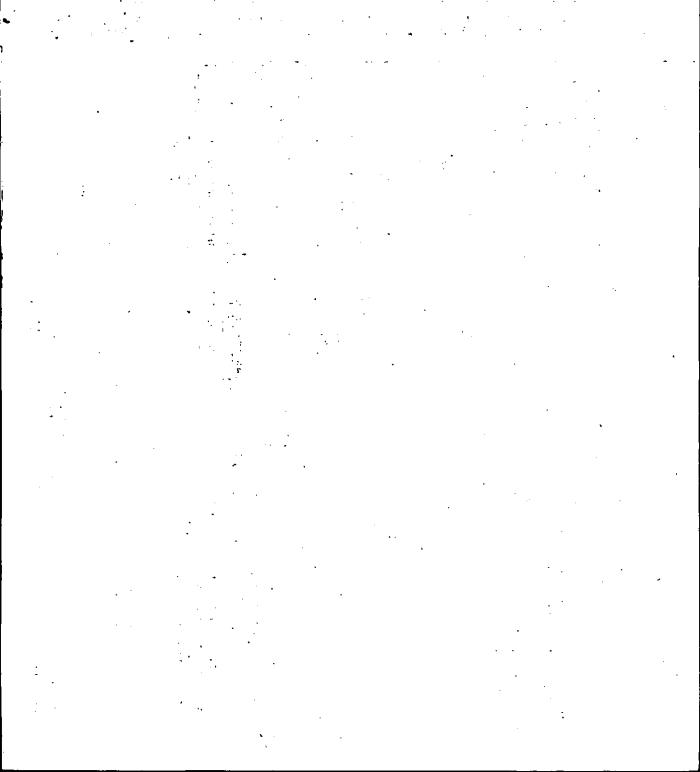
101 元 8 被物件 MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 349851. PLACE OF DEATH Registration District No. Primary Registration District No. Registered No...... City. (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? yra. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) That I attended deceased from 54. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at ould be carefully supplied. AGE she so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS **MONTHS** DAYS If LESS than 1 day.hrs ormin. 8. Trade, profession, er 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..... 11. Total time (years) 10. Date deceased last worked at this occupation month and spent in this Other contributory cau impo occupation 74 12. BIRTHPLACE (CIT# OR TOW (STATE OR COUNTRY) should FATHER 13. NAME Name of operation. Every item of information sh
 OF DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis? Cam Was there an autopay? / 10 (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: OTHER 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..... DATE. 24. Was disease or injury in any way related to occupation of deceased?... If so, specify. 19. UNDERTAKER (ADDRESS



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED should be stated EXACTLY. PHYSICIANS should state sd. Exact statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No...... Primary Registration District No., Registered No. 2. FULL NAME (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? VIS. 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) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AGE shortlessing classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs Date of onset Ю $(\sim$ ormin TES 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... information should be carefully supplied. in plain terms, so that it may be properly c 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this couparion 10. Date deceased last worked at this occupation (month and Œ Other contributory causes of importance: year)..... 5 ш 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E 13, NAME REGISTRARSISHALLINOTERECEIVE Name of operation Date of...... 14. BIRTHPLACE (CITY OR TOWN) 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: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN)... (Specify city or town, county, and State) (STATE OR COUNTRY) Every item of OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT.... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify... 19. UNDERTAKER (ADDRESS) 20. FILED GO 9 1004 Virginia Jebson

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