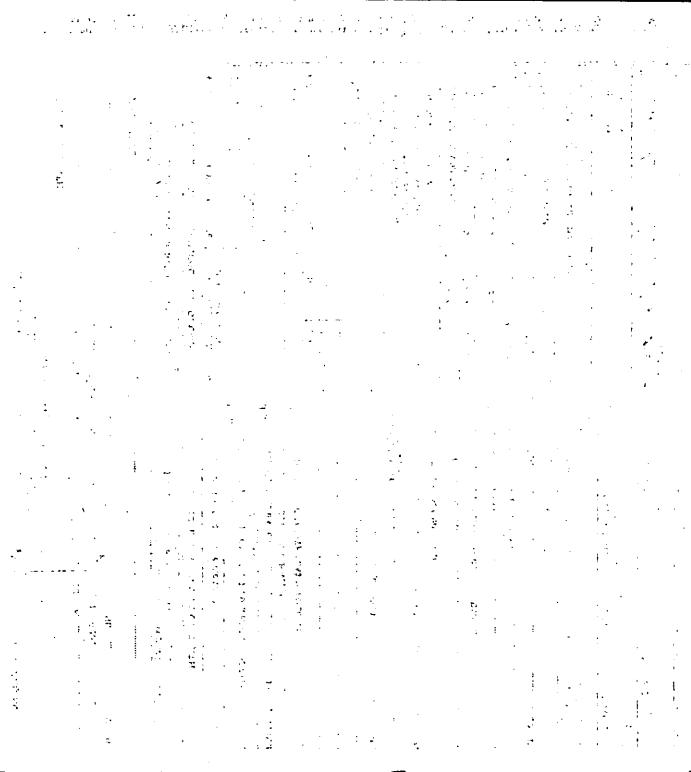
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS DEC 1 4 193A CERTIFICATE OF DEATH stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. 1. PLACE OF DEATH County... Registration District No..... Primary Registration District No..... Registered N (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 mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 DIVORCED (write the word) 17. I HEREBY CERTIFY, That I attended deceased from 10-9-3 5A. IF MARRIED, WIDOWED, OR DIVORCED 19 6 10 - 9 - 19 3 HUSBAND OF (OR) WIFE OF death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH* WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS than 1 classified. day,hrs. ormin. 8. OCCUPATION OF DECEASED carefully supplied (a) Trade, profession, or particular kind of work. CONTRIBUTORY (b) General nature of industry, (SECONDARY) so that it may be business, or establishment inyrs.....mos. which employed (or employer) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) MONTHS IF NOT AT PLACE OF DEATH..... (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY. ZLOW DATE OF 10. NAME OF FATHER? Every item of information st OF DEATH in plain terms, WAS THERE AN AUTOPSY? . HO 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ò , 19 (Address) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL N. B.—) CAUSE (Address) 15. 20 UNDERTAKER REGISTRAR



CACTO

3E61 9 833