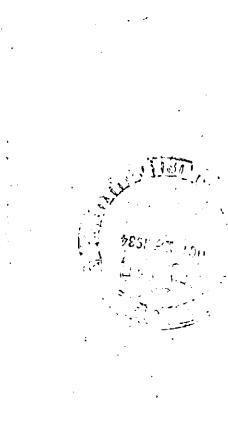
MISSOURI STATE BOARD OF HEALTH Do not use this space. CIANS should state BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF A Registration District No Primary Registration District No. Registered No...... 2. FULL NAME (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred yrs. mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) AVORCED (write the word) CERTIFY, That I aftended SA. IF MARRIED, WIDOWED, OR DIV **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) priscipal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS : DAYS If LESS than 1 day,hrs. Date of onse ormin. Trade, profession, or particular kind of work done, as spinner, 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 causes of importance: year) occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation 14. BIRTHELACE (CITY OR TOWN). What test confirmed diagnosis? Was there an autopsy? (STATE OR COUNTRY) fill in also the following: Every item of informa OF DEATH in plain 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) city or town, gounty, and State) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL CREMATION. 19 UNDERTAKER (ADDRESS)



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