MISSOURI STATE BOARD OF HEALTH Do not use this space. d be stated BXACTLY. PHYSICIANS should state xact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 38357 1. PLACE OF File No..... Registration District No... County. Primary Registration District No... Registered No..... 2. FULL NAM (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 ds. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 3. SEX SINGLE, MARRIED, WIDOWED, OR 21, DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) MARIA Y. That I attended deceased from 5A. IF MARRIED, WIDOWED, ARDIVORCED **HUSBAND** of (OR) WIFE OF to have occurred on the date stated above. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related gauses of importance-were as follows: If LESS than 1 MONTHS 7. AGE **YEARS** classifi day, ......hrs. or .....mln. Trade, profession, or particular kind of work done, as spinner, r supplied. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill. bank. etc. so that it may be 11. Total time (years)
spent in this 10. Date deceased last worked at és of importance: occupation.... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COURTRY) -- 4, 13. NAME Svery item of information sh OF DEATH in plain terms, 14 MRTHOLACE (CITY OR TOWN) Was there an autopsy?..... What test confirmed diagnosis?... (STATE OR COUNTRY) 23. If death was due to external causes (whience), fill in also the following: Where did injury occur?... 16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT LO (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify... (ADDRESS)

