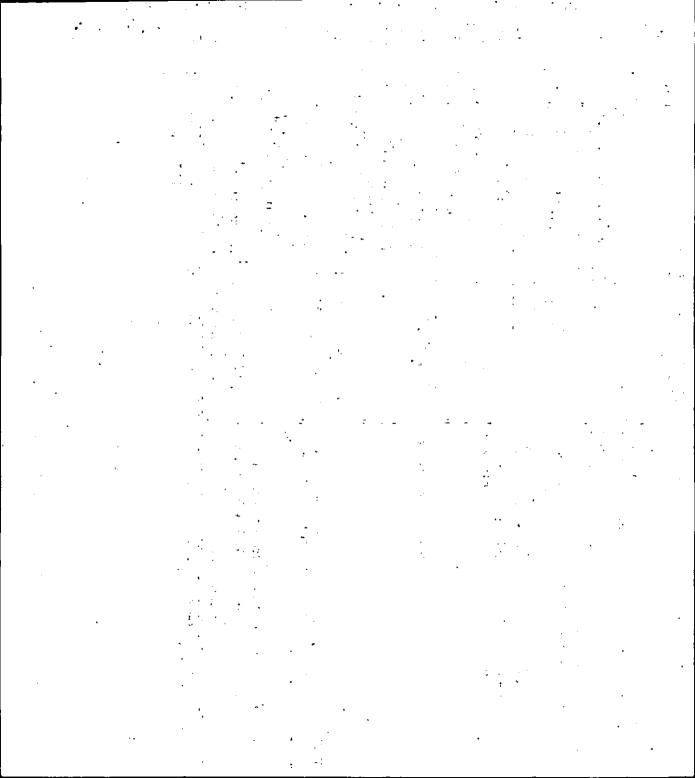
NS should state very important.	1. PLACE OF DEATH  County Registration District	39219 et No. 35 4208 File No.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	Township Primary Registration City (No. 1997) (No. 1997	Ward.  (II nonresident, give city or town and State)  ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCES (prite the word)  5A. IF MARRIED, WIDOWED, ORDIVORCED HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business, sawyer, bookkeeper, etc.  9. Industry or business worked at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT (ADDRESS)  18. BURIAL-CREMATION OR REMOUNT  19. UNDERTAKER (ADDRESS)	21. DATE OF DEATH (MONTH, DAY, AND YEAR)  22. I HEREBY CERTIFY, That I attended deceased from 19. to 19. It is said to have occurred on the date stated above, at 19. It is said to have occurred on the date stated above, at 19. It is principal cause of death and related causes of importance were as follows:    Date of onese   Date of onese



## MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED PHYSICIANS should state BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No .... Country / / statement of OCCUPATION is very Primary Registration District No. 420 Registered No. Township..... (a) Residence, No..... (If nonresident, give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. mos. yrs. 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) stated ARE I HEREBY CEARTIFY. That I attended deceased from **5A. IF MARRIED, WIDOWED, OR DIVORCED** should be a HUSBAND OF THEY (OR) WIFE OF I last saw h..... alive 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ld be carefully supplied. AGE she that it may be properly classified. UNTIL The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day, .....brs. Date of cases or .....min. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, **DCCUPATION** sawyer, bookkeeper, etc..... 9. 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 contributory causes of importance: occupation..... FOR year) ..... 12. BIRTHPLACE (CITY OR TOWN).. FE (STATE OR COUNTRY) HER 13. NAME ⋖ Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ FAT RECEIVE What test confirmed diagnosis? ...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) information (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME Š Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN). (S'ecify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. SHALL 17. INFORMANT..... (ADDRESS) Manner of injury..... OF D 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... EGISTRARS DATE 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify 19. UNDERTAKER (ADDRESS) (Signed)....., M. D. Registrar

5-39219