MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. DEC 1 9 1934 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH 40154 County Zee Registration District No...... Primary Registration District No. 2. FULL NAME..... (a) Residence, No .. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ERTIFY, That I attended deceased from 5a. 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF AGE should be assified. Exact (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OL The principal cause of death and related causes of importance were as follows: If LESS than 1 classified, MONTHS DAYS 7. AGE YEARS day,hrs. Date of onse ormin 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc....... N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly c **JCCUPATION** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME What test confirmed diagnosis? Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (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. (ADDRESS) Manner of injury. 18. BURIAL, CREMATION. OR REMOVAL Nature of injury. 24. Was diseas 19. UNDERTAKER (ADDRESS) Registrar.

