MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS APR 24 1935 uld be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 6312 1. PLACE OF DEATE Registration District No. File No..... Primary Registration District No. 9863 Registered No..... (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 VES. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE SINGLE MARRIED WIDOWED OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.35 DIVORCED (write the word) HEREBY CERTIEY. At I attended deceased from IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, att. 1 ........... 1 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 so that it may be properly classifled. YEARS MONTHS day, .....hrs. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc....... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... carefully 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance year) occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) information should FATHER 13. NAME Name of operation..... N. B.—Every item of information sh CAUSE OF DEATH in plain terms, 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: MOTHER 15. MAIDEN NAME 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. INFORMANT Manner of injury..... Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?...... If so, specify..... (ADDRESS) (Signed)... Registrar.

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