MISSOURI STATE BOARD OF HEALTH Do not use this space. APR A 9 1985 BUREAU OF VITAL STATISTICS uld be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 8080 1. PLACE OF File No..... Registration District No..... Registered No .... Primary Registration District No. (If nonresident, give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR . 1935 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DUFORCED HUSBAND OF AGE should be (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: B.—Every item of information shound be cancelled, USE OF DEATH in plain terms, so that it may be properly classified. If LESS than 1 7. AGE YEARS MONTHS day, .....hrs. or ......**mi**n. 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 ..... Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: year) .... 12. BIRTHPLACE (CITY OR 10) (STATE OR COUNTRY) 13. NAME Name of operation 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: 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. 17. INFORMANT (ADDRESS) Manner of injury Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify..... 19. UNDERTAKE (ADDRESS) (Signed)..... Redistrar.

