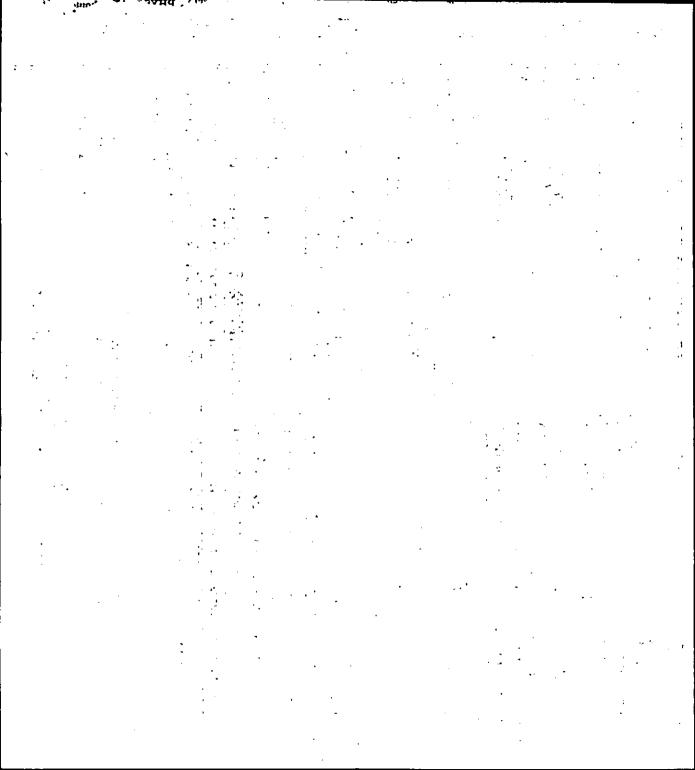
MISSOURI STATE BOARD OF HEAL Do not use this space. JUN 2 6 1935 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 17353stated EXACTLY. PHYSICIANS should statement of OCCUPATION is very impor 1. PLACE OF DEATH County. Registration District No. **Primary Registration District No** Registered No. (a) Residence, No (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. 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 TEAR) DIVORCED (write the word) attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 3 1 **HUSBAND OF** (OR) WIFE OF should ed. Exa 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes 7. AGE **YEARS** MONTHS /DAYS If LESS than 1 Importance were as follows: day,hrs. classifi Trade, profession, or particular kind of work done, as spinner, supplied szwyer, bookkeeper, etc..... properly 9. Industry or business in which work was done, as silk mill, anw mill, bank, etc. B.—Every item of information should be carefully USE OF DEATH in plain terms, so that it may be 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis?..... Was there an autopsy?.... (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. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disea If so, specify 19. UNDERTAKER (ADDRESS) 20. FILED Registrar.



JUL 12 1935

5-1735