MISSOURI STATE BOARD OF HEALTH Do not use this space. 1936 AAN 9 OCCUPATION is very important. BUREAU OF VITAL STATISTICS 39200 CERTIFICATE OF DEATH should Primary Registration District No. 4/8/ 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 yrs. mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Exact statement of 3. SEX SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 5. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 19.35 Death is said should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. / 1. p.m. classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS **MONTHS** DAYS If LESS than 1 AGEbrs Date of onsetmin. 8. Trade, profession, or particular **DCCUPATION** kind of work done, as spinner, that it may be properly sawyer, bookkeeper, etc..... 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 year) occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) should 8 Name of operation in plain terms, 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: 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 (ADDRESS) (Signed). (Address)

