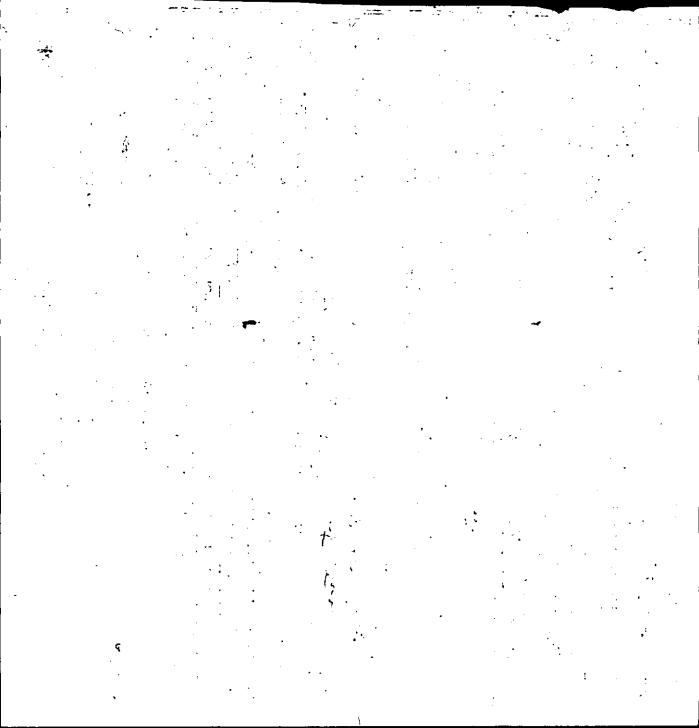
MISSOURI STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  CERTIFICATE OF DEATH  Do not use this space.  3.9454	
1. PLACE OF BEATH  County Begistration District No. 399  Township Registration District No. 1002  Registered No. 100/5000  City State State  (a) Residence, No. 100/6000  (Usual place of abode)  (If nonresident, give city or town and State	
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.	ds.
5A. IF MARRIED. WIDOWED, OPRIVORCED HUSBAND OF (ON) WIFE or (ON) WIFE	19.3.4 said
20. FILEB (Address) (Address)	



## MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF BEAT clusions Registration District No.... File No..... County..... Primary Registration District No. 1.0.0.2.... Registered No.... Township. ......Ward. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred YES. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED ¼ 19......, to....., 19..... **HUSBAND OF** (OR) WIFE OF ...... Death is said 6: DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: MONTHS DAYS If LESS than 1 YEARS day, .....hrs. or .....min. 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..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance occupation: X year) 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Name of operation..... ...... Date of..... Was there an autopsy?..... What test confirmed diagnosis?.... 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (video 2) fiftin also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... 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..... Manner of injury..... 18, BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify. 19. UNDERTAKER Registrar.

3. SEX

7. AGE

FATHER

13. NAME

(ADDRESS)

PLACE.

(ADDRESS

6-394164