MISSOURI STATE BOARD OF HEALTH Do not use this space. -- MAR 17 1936 PHYSICIANS should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 5033 CERTIFICATE OF DEATH 1. PLACE OF DEA County.... Registration District No... Primary Registration District No. Registered No.... 2. FULL NAME (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. mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR-OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) wed I HEREBY CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED ....., 19....., to......., 19....., 19..... HUSBAND OF (OR) WIFE OF should 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 of importance were as follows: N. B.—Every item of information should be carefully supplied. AUE SI CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE DAYS If LESS than 1 YEARS MONTHS day, .....hrs. or ......min. Death from natural causes 8. Trade, profession, or particular kind of work done, as spinner, from history of case OCCUPATION sawyer, bookkeeper, etc..... ······Lottbar···Pneumonia 9. Industry or business in which work was done, as all mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this Other contributory causes of importance; occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation..... ...... Date of...... 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?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?... If so, specify...... 19. UNDERTAKER (ADDRESS) Stockton, No.,

