MISSOURI STATE BOARD OF HEALTH Do not use this space. MAR 25 7333 BUREAU OF VITAL STATISTICS . CERTIFICATE OF DEATH should 1. PLACE OF DEATH County. Registration District No... File No..... SICIAINS Primary Registration District No. Registered No 22 E. (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 How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) I DIVORCED (write the word) RTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 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: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.brs. Date of oaset ormin. 2-10-31 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) this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? 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 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 (ADDRESS) Manner of injury..... CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... (Signed)..... Registrar

The state of the s · . - -: Ç . : . • **

, ,

The second se