MISSOURI STATE BOARD OF HEALTH Do not use this space. N. B..--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 18186 1. PLACE OF DEATH Registration District No..... File No. Primary Registration District No. 455 Registered No..... (a) Residence, No..... .....St., ......Ward. (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. mos. đв. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (torite the word) MARRIED, WIDOWED OR DIVORCED HUSBAND OF to have occurred on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS If LESS than I day. .....hrs Date of ouset 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 Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Man f Date of Name of operation.... 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: 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 (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation If so, specify...... 19. UNDERTAKER (ADDRESS) (Address) Registrar.

