MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS AUG 27 1938 CERTIFICATE OF DEATH 27621 1. PLACE OF DEAT Registration District No..... Primary Registration District No Registered No... City..... (a) Residence/No.....(Ususi place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OP DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: DAYS If LESS than 1 7. AGE YEARS MONTHS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, ATION 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 occupation..... year)..... BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? Was there an autopsy? 14, BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide? Date of injury 19 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...... 18. BURIAL, CREM Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... 19. UNDERTAKER (ADDRESS) (Signed).....

