MISSOURI STATE BOARD OF HEALTH Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH SICIAINS should 1. PLACE OF DEAT Registration District No. File No..... Primary Registration District No. (a) Residence, No..... (Usual place of abode) Length of residence in city or town where death occurred TTS. mos. How long in U. S., if of foreign hirth? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) **5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF** (OR) WIFE-OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) that it may be properly classified. 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. 68 or min. 8. Trade, profession, or particular kind of work done, as spinner, Retired carefully supplied. **OCCUPATION** 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 Other contributory causes of importance: year)..... occupation. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) information should FATHER 8 Name of operation. y item of information sh DEATH in plain terms, 14. BIRTHPLACE (CIT#OR TOWN) What test confirmed diagnosis? (STATE OR COUNTRY) 23. If death was due to external MOTHER 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) 17. INFORMANT. 27 (ADDRESS) 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 (ADDRESS) (Signed)

Registrar.

Do not use this space.

30524

Registered No.

mos.

ds.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

. 19.34 attended deceased from

The principal cause of death and related causes of importance were as follows:

.... Was there an autopsy?.....

causes (violence), fill in also the following:

Specify whether injury occurred in industry, in home, or in public place.

