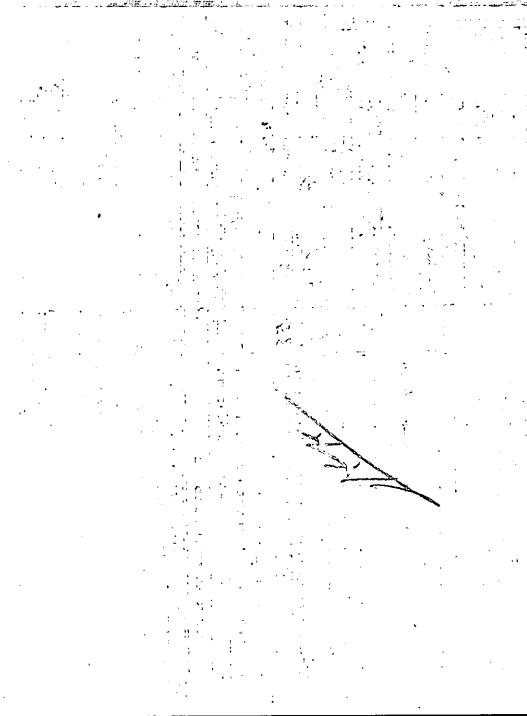
MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is ven; important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 335001. PLACE OF DEAT County .... Registration District No..... File No. Primary Registration District No. Registered No..... 2. FULL NAME (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred 2 / mos. How long in U.S., if of foreign birth? yra. 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) Ching DIVORCED (write the word) .19*3* ( I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should b aug 29 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 2.10 Pm. The principal cause of death and related causes of importance were as follows: 7. AGE DAYS If LESS than 1 MONTHS. day, ......hrs. or .....mln. 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) spent in this this occupation (month and so that it may Other contributory causes of importance: year)..... occupation.... 1) 🐼 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) FATHER 13. NAME Every item of information sn OF DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?..... Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN). (S\_ecify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMAN (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify.... (ADDRESS) Registrar.

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