MISSOURI STATE BOARD OF HEALTH Do not use this space. OCT 21 1936 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... File No..... OCCUPATION is very Ø Primary Registration District No. Registered No..... RECORD (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 Exact statement of A COLOR OR RACE 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 🦴 DIVORCED (write the word) I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows If LESS than I 7. AGE YEARS **MONTHS** I. AGE classifie day, \\_\_\_\_brs. ...mia. 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..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this Other contributory causes of importance: occupation..... 12, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 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: Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMAN (ADDRESS) CREMATION OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?...... If so, specify ..... (Signed)... (Address)...

