MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No Primary Registration District No. (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 mos. TIS. PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF to have occurred on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MÓNTHS If LESS than 1 7. AGE DAYS YEARS day,hrs. ormin. 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 this occupation (month and 11. Total time (years) spent in this occupation..... year).... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) Manner of injury..... Nature of injury..... (ADDRESS

Do not use this space.

17040

How long in U.S., if of foreign birth? YES.

MEDICAL CERTIFICATE OF DEATH

attended, deceased from

Registered No.

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

Was there an autopsy?.. Z.Q.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19......, Where did injury occur?..... (Specify city or town, county, and State)

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

24. Was disease or injury in any way related to occupation of deceased?

