MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 21140 Registration District No..... File No.. Primary Registration District No... Registered No..... Phase (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from SA. LF MARRIED, WIDOWED, OR DIVORCED HUSDAND OF (OR) WIFE OF to have occurred on the date stated above, at 12:20 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: so that it may be properly classified. DAYS If LESS than 1 7. AGE YEARS MONTHS day, .....hrs. 3 8. Trade, profession, or particular kind of work done, as spinner, sawyer, beokkeeper, 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 year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ...... Date of ...... What test confirmed diagnosis? Physical Man. Was there an autopsy? 20 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury 2024 19 19 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. (ADDRESS) O 18. BURIAL. Nature of injury 2. Dal 24. Was disease or injury in any way related to occupation of deceased If so, specify .... 19. UNDERTAKER (ADDRESS) CA. Registrar.

