MISSOURI STATE BOARD OF HEALTH Do not use this space. Stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 24173 1. PLACE OF DEAT Registration District No. file No. Primary Registration District No. 5-6-57 Registered No. City..... (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 52 yrs mos. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORGED (write the word) . 1937 HEREBY CERTIFY! That I attended deceased from SA. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ... 19.3.7. Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 MONTHS. day,hrs. ormin. 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) this occupation (month and spent in this Other contributory causes of importance: year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation... 14. BIRTHPLACE (CITY OR TOWN)...... What test confirmed diagnosis? Chatte here an autopsy?.... 20. (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 (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?.... (ADDRESS) (Signed).... (Address)

