MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No...... File No..... Primary Registration District No. 5041 Registered No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5A, 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS YEARS day,hrs. classifi 8. Trade, profession, or particular carefully supplied. it may be properly cl kind of work done, as spinner, sawyer, bookkeeper, etc..... Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years)
spent in this a 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) item of information should be (STATE OR COUNTRY) FATHER Name of operation. What test confirmed diagnosis? Was there an autopsy?, 14. BIRTHPLACE (CITY OR TOWN)........ (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: in plain Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Sjecify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify.... (ADDRESS) Registrar.

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