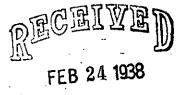
Do not use this space. MISSOURI STATE BOARD OF HEALTH Dr Fellon AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DE 318 County Registration District No..... Fue No...... 2001 Primary Registration District No. Registered No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town v mos. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH SEX SINGLE, MARRIED, WIDOWED, OR-5. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS DAYS day,hrs. Date of onset 8. Trade, profession, or particular supplied. properly c 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..... ould be carefully so that it may be 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this year)..... occupation..... information should Name of operation..... Every item of information sh. OF DEATH in plain terms, 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) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... 19. UNDERTAKES (Signed)..... Registrar.



BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH