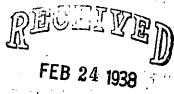
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH File No..... Primary Registration District No Registered No..... (a) Residence, No... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mes. . AGE should be stated EXACTL classified. Exact statement of OCC MEDICAL CERTIFICATE OF DEATH 3. SEX OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDOF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated sho The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS ormin. 8. Trade, profession, or particular. N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly cl 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 occupation 12. BIRTHPLACE (CITY OR TOW) (STATE OR COUNTRY) 13. NAME 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: OTHER 15. MAIDEN NAME 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, OR REMOT Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify. 19. UNDERTAKER (ADDRESS) (Signed)



BUREAU OF VITAL STATISTICS MO. STATE BOARD.OF HEALTH