REC'B JUN 8 MISSOURI STATE BOARD OF HEALTH Do not use this space. hould state important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH CTLY. PHYSICIANS should OCCUPATION is very impor 17668Registration District No..... File No..... Primary Registration District No...... Registered No.....St., (a) Residence, No...... Ward. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. .فه-How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED . AGE should be classified. Exact HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 12:154.m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. 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..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and year) spent in this occupation should be cas, so that it 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation Date of What test confirmed diagnosis? Mysical Was there an autopsy? Mg. Name of operation..... Every item of information sh OF DEATH in plain terms, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (yielence), fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whather injury occurred in industry, in home, or in public place. (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased? 200 If so, specify...... 19. UNDERTAKEN (ADDRESS) Registrar.

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MISSOURI STATE BOARD OF HEALTH IN ANSWERS TO ALL SPACES CKED IN RED PENCIL. BUREAU OF VITAL STATISTICS 17668 Do not use this space. CERTIFICATE OF DEATH Registration District No. 69 Primary Registration District No. 5 108 Township....*Was* Registered No. City (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S .. if of foreign birth? Length of residence in city or town where death occurred (If nonresident, give city or town and State) (Usual place of abode, if no street address, write county or city) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from ARRIED, WIDOWED, OR DIVORCED USBAND OF R) WIFE OF, 19...... Death is said to have occurred on the data trated above, atm. OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: MONTHS DAYS If LESS than 1 YEARS day,hrs. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..... Industry or business in which work was done, as saw mill, bank, etc 11. Total time (years) Date deceased last worked at spent in this this occupation (month and occupation..... year)..... THPLACE (CITY OR TOWN)...... TATE OR COUNTRY) NAME BIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to external causes (violence), fill in also the following: MAIDEN NAME Accident, suicide, or homicide?...... Date of injury......, 19...... BIRTHPLACE (CITY OR TOWN). Where did injury occur? (STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. DRMANT... DDRESS) Manner of injury..... IAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... ERAL DIRECTOR DDRESS) Local Redistrar.