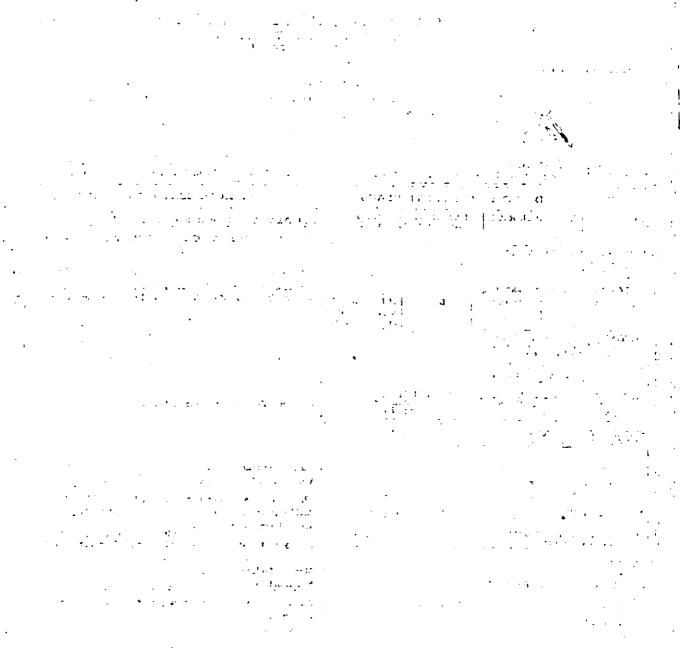
MISSOURI STATE BOARD OF HEALTH REGID JUL 1 7 1938 Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 22649 1. PLACE OF DEAT File No..... Registration District No. County...... Registered No..... Primary Registration District No..... 2. FULL NAMESt., (a) Residence, No..... (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARTIN, WIDOWED, OR DIVORCED (1144 the word) 4. COLDRIOR RACE 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) HEREB SA. IF MARRIED, WIDOWED (OR) WIFE OF 19...... Death is said to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 DAYS 7. AGE YEARS MONTHS day,hrs. ormin 8. Trade, profession, or particular kind of work done, as spinned, but were sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked this occupation (month and Other contributory causes of importance: occupation.. YORF)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Name of operation What test confidence Was there an autopsy 14. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) ternal causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19...... 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 Manner of injury...... (ADDRESS Nature of injury 24. Was disease or injury If so, specify (ADDRESS) Registrar



FILL IN ANSWERS TO ALL SPACES MISSOURI STATE BOARD OF HEALTH CHECKED IN RED PENCIL. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DEA Do not use this space 8 Registration District No..... Primary Registration District No...... Registered No. (e) Length of residence in city or town where death occurred Ċ 8 (n) Residence, No.....(Usual place of abode, if no street address, write county or city) COMPLETED (If nonresident, give city or town and State) 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 (ugfile the word) ARE HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF A Z I last saw h..... alive on 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. 3 8. Trade, profession, or particular kind of CENTIFICATES work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)..... occupation..... Other contributory causes of importance: 12. BIRTHPLACE (CITY OR TOWN) 0.0 (STATE OR COUNTRY) 7.5 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis?...... Was there an autopsy?..... 15. MAIDEN NAME 23. If death was due to external causes (violence), fill in also the following: ď 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?.....(Specify city or town, county, and State) (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 REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... 19. FUNERAL DIRECTOR If so, specify... (ADDRESS) 20. FILED 6-26 1938 Wrs So

