MISSOURI STATE BOARD OF HEALTH Do not use this space. SICIANS should state ION is very important. MA OCT 25 (SE **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 30666 Registration District No.... Primary Registration District No. Ward) (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 How long in U.S., if of foreign birth? mos. dø. 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 ford) temale CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. Date of onset 3 or min. 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..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance year)..... occupation. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis Was there an autopey? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?. 16. BIRTHPLACE (CITY OR TOWN) (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 Nature of injury. 24. Was disease or injury in any way related If so, specify. (Signed)...

stated EXACTLY. PHYSICI statement of OCCUPATION

should be sed. Exact s

CAUSE OF DEATH in plain terms, so that it may

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by nie,

Registered Apprentice No

working under my personal supervision.

Licensed Embalmer No. 3050

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.