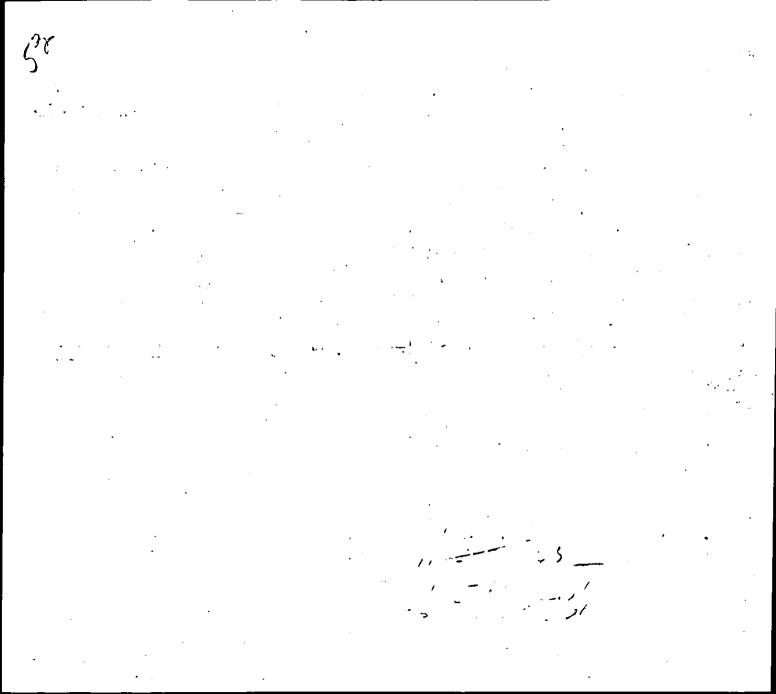
MEN OCT 101943 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH CTLY. PHYSICIANS should st f OCCUPATION is very imports 1. PLACE OF DEATH 31446 Registration District No..... File No. Township Primary Registration District No Registered No...... Residence, No. (Usual place of abode) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement of 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Oo VV G That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** should be a (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: DAYS If LESS than 1 7. AGE YEARS MONTHS day,hrs. Date of onset ormim. 8. 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) spent in this 10. Date deceased last worked at so that it may be this occupation (month and Other contributory causes of importance: year) occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY information should Name of operation N. B.—Every item of information sh CAUSE OF DEATH in plain terms, What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN (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 ladustry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... REMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. If so, specify...... (ADDRESS) (Signed)



		MISSOURI STATE	BOARD OF HEALTH	•	wy K
	DORANG OF THE CENSUS.		_	State File No.	10016
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	Registration District No	Primary Registration Disservice "RURAL" and mame of township) street number or location) 3. (c) Social Security No 6. (a) Single, widowed, married, divorced di	c) City or town	Registrar's No	PHYSICIAN Underline the cause to which death should be charged statistically.
WRITE PLAINLY—US	12. Name City, town, or county	te thereof (Month) (Day) (Year)	Of operations	ses, fill in the following: specify) (City or town) (County	Underline the cause to which death should be charged sta- tistically. (State) t, in public place?
	(Date received local registrar)	(Registrar & signature)	St. Josep	h Mo	igned /

