MISSOURI STATE BOARD OF HEALTH Do not use this space. state Y. PHYSICIANS should state CUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH File No..... Registration District No County Primary Registration District No. 549 Registered No (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement of SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from SA. 1F MARRIED, WIDOWED, OR DIVERCED **MUSBAND or** should be (OR) WIFE OF 1864 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be caretumy suppured. CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 MONTHS DAYS 7. AGE YEARS day,hrs. ormin. 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 10. Date deceased last worked at this occupation (month and occupation. year) 12. BIRTHPLACE (CITY OR TO (STATE OR COUNTRY) 13. NAME Name of operation..... What test confirmed diagnosis?..... Was there an autopsy?... ACE (CITY OR TOWN) 14. BIRTHPL (STATE OR COUNTRY) 23. If death was due to external 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 Specify whether injury occurred in industry, in home, or in public place. (STATE OR COUNTRY) 17 INFORMANT (ADDRESS) Nature of injury...... 18. BURIAL, CREMATION, 24. Was disease or injury in any way related to occupation of deceased?. If so, specify 19 IINDERTAKER (ADDRESS)

