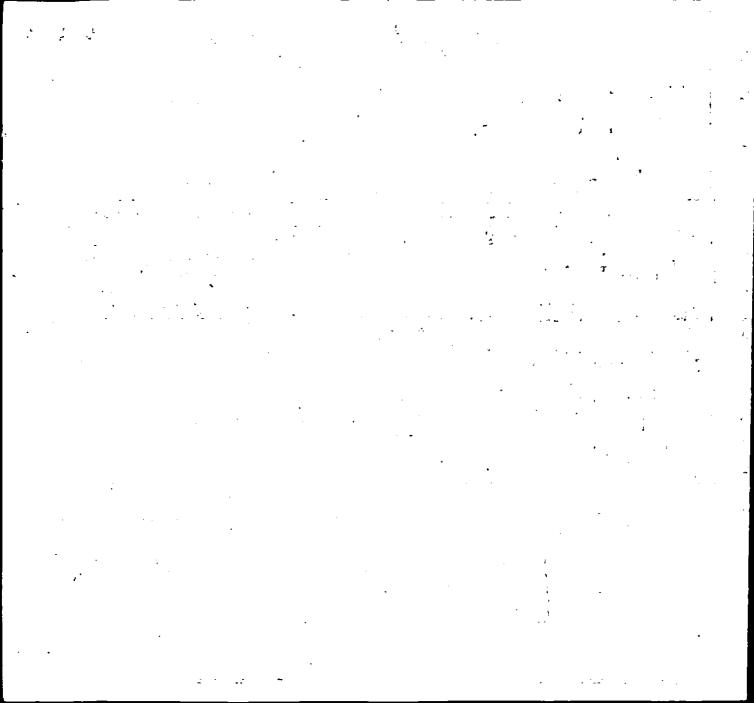
FILED SEP 11 1941 MISSOURI STATE BOARD OF HEALTH Do not use this space, BUREAU OF VITAL STATISTICS Exact statement of OCCUPATION is very importa CERTIFICATE OF DEATH 289071. PLACE OF DEATH Registration District No. File No..... Township. Primary Registration District No. 4.3.5.1 Registered No..... AROL 2. FULL NAME 🖋 (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. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-OR RACE 5. SINGLE MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 🟏 DIVORGED (write the word) CERTIFY. That Y attended deceased from SA. IMMARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SE OF DEATH in plain terms, so that it may be properly classified. ZDAY5 If LESS than 1 7. AGE **YEARS** MONTHS day, ...2....bre. 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..... Date deceased last worked at this occupation (month and 11. Total time (years) spent in this Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN)...
(STATE OR COUNTRY) 13. NAME Name of operation...... 14, BIRTHPLACE (CITY OR TOWN) ... Was there an autopsy?.... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 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. (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. UNDERTAKER (ADDRESS) Loever me Registrar.



MISSOURI STATE BOARD OF HEALTH lo. 2B DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS 28907 STANDARD CERTIFICATE OF DEATH X29288 Primary Registration District No. 435/ Registration District No Registrar's No. i. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: A PERMANENT RECORD (a) State MISSOU RA ... (b) County Martons (a) County..... (c) City or town NEW (If outlide city or town limits, write "RURAL" (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") (d) Street No..... (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution ... (e) Citizen of foreign country?. (Specify whether In this community..... If yes, name country years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT FULL NAME 20. DATE OF DEATH: Month 3. (b) If veteran. INK-MAKE паше war... 21. I hereby certify that attended the 6. (a) Single, widowed, married, 5. Color or and that death occurred of the date and hour stated above. 6. (c) Age of husband or wife if 6. (b) Name of husband or wife..... Duration BLACK 7. Birth date of deceased. (Month) (Day) UNFADING 8. AGE: Years Months 9. Birthplace..... (State or foreign country) Other conditions..... 10. Usual occupation WRITE PLAINLY-USE (Include pregnancy within 3 months of death) 11. Industry or busin PHYSICIAN Major findings: Of operations, 12. Name... Underline the cause to 13. Birthplace.... which death should be 14. Maiden name.... charged statistically. 15. Birthplace..... 22. If death was due to external causes, fill in the following: (City, town, or county) (4) Accident, suicide, or homicide (specify) (b) Date of occurrence (b) Date thereof (Month) (Day) (Year) (Buriai, cremation, or removal) (c) Place: burial or cremation..... (Specify type of place)
While at work?_____(e) Means of injury______ 18. (a) Signature of funeral director....... (M. D. or other)...... (Date received local registra) (Registrar's signature) Address.....

