MISSOURI STATE BOARD OF HEALTH No. 2B DEPARTMENT OF COMMERCE -8-21-41STANDARD CERTIFICATE OF DEATH PI X29288 Primary Registration District No. 2 Registration District No. Registrar's No 1. PLACE OF DEATH 2. USUAL RESIDENCE OF DECEASED: RECORD (a) County..... (b) County.... (b) City or town Write "RURAL" and name of township) (c) City or town..... (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") (d) Street No..... PERMANENT (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution (Specify whether (e) Citizen of foreign country?..... In this community. years, months or days) If yes, name country..... MEDICAL CERTIFICATION 3. (a) PRINT **FULL NAM** . 20. DATE OF DEATH: /Mont. 3. (b) If veteran. 3. (c) Social Security INK-MAKE name war.. No..... 21. I hereby certify that 5. Color or 6. (a) Single, widowed/married, divorced. 6. (b) Name of husband or wife...... 6. (c) Age of husband or wife if at death occurred on the date and hour stated above. Duration BLACK 7. Birth date of deceased.____ (Month) (Day) 8. AGE: Years Days UNFADING Months Of less than 9. Birthplace... (State or foreign country) Other conditions..... 10. Usual occupation (Include programmy within 3 months of death) 11. Industry of busing PHYSICIAN Major findings: 12. Name... Of operations. Underline the cause to 13. Birthplace. which death (City, town, or county) (State or foreign country) 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) (State or foreign country) (a) Accident, suicide, or homicide (specify)..... 16. (a) Informant..... (b) Date of occurrence.... (b) Address..... (c) Where did injury occur?..... (Burial, cremation, or removal) (Month) (Duy) (Year) (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burlal or cremation...... (Specify type of place) 18. (a) Signature of funeral director While at work?..... (e) Means of injury..... 23. Signature (M. D. or other) Address. Date signed.....

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LUCAL REGISTRAR'S REFURT MISSOURI STATE BOARD OF HEALTH Do not use this space. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 1. PLACE OF DEATH County A Registration District No File No..... dall Primary Registration District No. Registered No..... (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. mos. · How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) //_ , 19*4/*/ DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from -LE MARRIED, WIDOWED, OR DIVORCED (AR) WIFE OF I last saw h.e.4.... alive on 7.12 om us 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: 7. AGE YEARS MONTHS If LESS than 1 DAYS day,hrs. Date of opact ormin. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc... 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) spent in this this occupation (month and occupation.... 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) PATHER Name of operation..... 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis? Was there an autopsy? YM (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 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. INFORMANTO (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOT Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... Registrar.

LOCAL REGISTRAR'S DO NOT TEAR LEAF OUT -runi

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

County Registration District No. Pile No. Registrated No. Registrated No. City. (No. St. Ward) 2. FULL NAME. (a) Residence, No. (b) Residence, No. (c) Residence, No. (c) Residence, No. (d) Residence in city or town where death occurred yra. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (II nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		1. PLAC	E OF DEATH	4					- }				
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