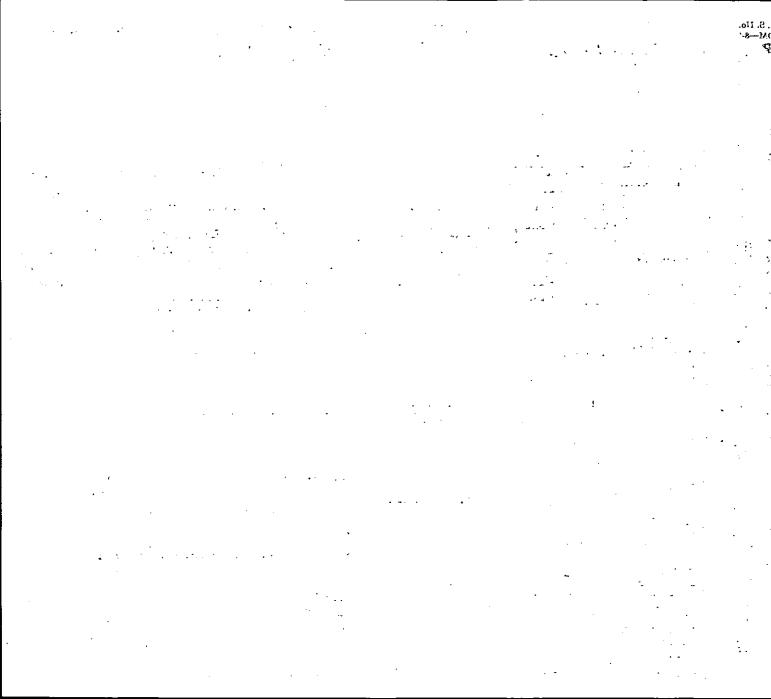
MISSOURI STATE BOARD OF HEALTH Do not use this space. FILED AUG 10 1942 PHYSICIANS should state should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 25615 CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration District No. File No..... County..... Township..... Primary Registration District No. Registered No Residence, No., (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? stated EXACTLY Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 1942 DIVORCED (write the word) That I attended deceased from June 5A, IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND** OF (OR) WIFE OF to have occurred on the date stated above, at 6, DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B. —Every item of information should be carefully supplied. AGE sm 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: 7. AGE MONTHS DAYS If LESS than 1 YEARS ormin. 8. Trade, profession, or particular kind of work done, as spinner, supplied 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. year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation..... What test confirmed disgnosis? Was there an autopsy? 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?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR YOWN) (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 to occupation of deceased?... 19. UNDERTAKER (ADDRESS) (Signed)



MISSOURI STATE BOARD OF HEALTH S. No. 2B DEPARTMENT OF COMMERCE State File No 2 56/ BUREAU OF THE CENSUS DM-8-21-41 STANDARD CERTIFICATE OF DEATH → I X29288 Primary Registration District No. 6 272 Registration District No. Registrar's No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: PERMANENT RECORD (a) County..... (b) County..... (If outside city or town limits, write "RURAL" and name of (c) City or town..... (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... (Specify whether (e) Citizen of foreign country?.... In this community...... years, months or days) If yes, name country. MEDICAL CERTIFICATION 3. (a) PRINT **FULL NAME** 20. DATE OF DEATH: Month < 3. (b) If veteran, INK-MAKE name war... No..... 21. I hereby certify that attended the 6. (a) Single_widowed, married, 5. Color or 6. (b) Name of husband or w 6. (c) Age of husband or wife if erred on the date and hour stated above. Duration BLACK namediale capile of death. 7. Birth date of deceased. (Month) (Day) 8. AGE: UNFADING Months Years 9. Birthplace. (State or foreign country) Other conditions... -USE 10. Usual occurration (Include pregnancy within 3 months of death) 11. Industry or busin Major findings: 12. Name.. Of operations. Underline the cause to 13. Birthplace..... which death (City, town, or county) should be 14. Maiden name. charged statistically. 15. Birthplace..... 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). 16. (a) Informant..... (b) Date of occurrence... (c) Where did injury occur? (b) Date thereof...... (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation..... (Specify type of place) 18. (a) Signature of funeral director..... (e) Means of injury (b) Address. Signature.... (M. D. or other) 19. (a) (Date received local registrar)

