## Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 31249 CERTIFICATE OF DEATH should stat 1. PLACE OF\_DEAT Primary Registration District No.... Registered No. ...... PHYSICIANS RECORD CTLY. PHYSICAL (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? ERMANENT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ild be Exact death occurred, on the date stated above, at. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE If LESS than 1 YEARS DAYS MONTHS day, .....brs. ,منص... 8. OCCUPATION OF DECEASED supplied. (a) Trade, profession, or particular kind of work ...... (b) General nature of industry. CONTRIBUTORY.... (SECONDARY) business, or establishment in ld be carefully that it may be which employed (or employer). .....(duration)................. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH!.... (STATE OR COUNTRY) should A DID AN OPERATION PRECEDE DEATHY...... DATE OF..... 8 10. NAME OF FATHER R. B.—Every item of information sh CAUSE OF DEATH in plain terms, 11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE \*State the DIBBARE CAURING DEATH, or in deaths from VIOLENY CAURINA State 13. BIRTHPLACE OF MOTHER (CITY OR (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address) 20. UNDERTAKER ADDRESS

