MISSOURI STATE BOARD OF HEALTH Do not use this space. BURFAU OF VITAL STATISTICS statement of OCCUPATION is very important. 30367 CERTIFICATE OF DEATH 1. PLACE OF DEATH County... Registration District No...... Primary Registration District No .... Registered No.....7 Township (a) Residence. No. ....Ward. (Usual place of abode (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 30 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. RTIFY. That I attended deceased from. SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should be a death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS If LESS than I MONTHS DAYS . AGE she day, .....hrs. 2 or .....min. 8. OCCUPATION OF DECEASED should be carefully supplied. (a) Trade, profession, or particular kind of work, (b) General nature of industry. (SECONDARY) business, or establishment in (duration) ..... which employed (or employer)...... (c) Name of employer 18. WHERE WAS 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..... DATE OF...... 10. NAME OF FATHER plain terms, 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Address) . 19 N. B.—Every item of its CAUSE OF DEATH in State the Disease Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (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) 15. UNDERTAKER REGISTRAR

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