PHYSICIANS should state of PATION is very important. MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF Registration District No. County. Primary Registration District No. Registered No..... Township... 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 3/ yrs. mag ds. How long in U.S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 1 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIFORCED HUSBAND OF (OR) WIFE OF I last saw h. Cheralive on 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS day,hrs. Date of onset ormin. 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..... 10. Date deceased last worked at 11. Total time this occupation (month and apent in this Other contributory causes of importance: year) occupation.... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) NAME Name of operation Date of..... 14, BIRTHPLACE (CITY OR TOWN) N. B.—Every item of information CAUSE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury 19...... 19...... 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 18, BURIAL, CREMATION. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)...

Park Committee of the C

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