NOV 19 1934 MISSOURI STATE BOARD OF HEALTH Do not use this space. ald be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DE Registration District No County..... Primary Registration District No. Registered No..... Besidence, No. (If nonresident, give city or town and State) (Usual place of about) should be stated EXACTLY How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from SA. IF MARRIED, WIDOWED, OR DEVORCED HUSBAND OF (OR) WIFE OF 19**6.7** Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AUE Sin 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 day,hrs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, **DCCUPATION** supplied sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill. bank, etc. 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importaoccupation 60 year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME Name of operation What test confirmed diagnosis? was there an autopay? 200 14, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15, MAIDEN NAME Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify...... no (ADDRESS) (Address)

