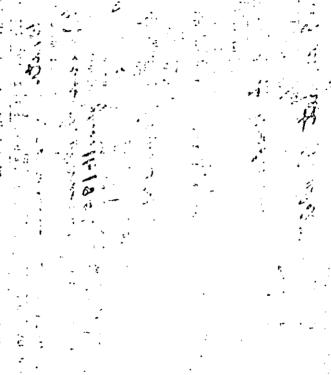
MISSOURI STATE BOARD OF HEALTH Do not use this space. JUL 2 2 1935 BUREAU OF VITAL STATISTICS AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH 19211Registration District No..... Registered No. Primary Registration District No., (a) Residence, No..... (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from SA. 1F 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) The principal cause of death and related causes of importance were as follows: DAY5 If LESS than 1 7. AGE MONTHS YEARS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, ATION N. B.—Every item of information should be carefully supplied. CAUSE. OF DEATH in plain terms, so that it may be properly (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 importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14, BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?. (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......., 19....... Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury..... (ADDRESS) CREMATION. OR REMOVAL Nature of injury..... 24. Was disease or injury (ADDRESS)



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