API, 23 1936 MISSOURI STATE BOARD OF HEALTH De not use this space. uld be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH PHYSICIANS should 399 Registration District No..... File No..... 1002 Registered No. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. mae ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 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 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF Death is said should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at classified. 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 one 8. Trade, profession, or particular kind of work done, as spinner, N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly or sawyer, bookkeeper, etc.. 9. Industry or business in which work was done, as silk mill, gaw 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 ... year)..... 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN What test confirmed diagnosis?..... Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16, BIRTHPLACE (CITY OR TOWN (S\_ecify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury 18. BURIAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify (ADDRESS L0 Registrar