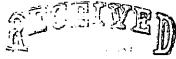
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE 99 County Registration District No... PHYSICIANS 00 Registered No (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. ds. How long In U. S., If of foreign birth? YES. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) HEREBY CERTIFY, That I attended deceased from SA, IF MARRIED, WIDOWED, OR PIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) supplied. AGE sho properly classified. The principal/cause of death and related causes of importance were as follows: 7. AGE MONTHS **DAYS** If LESS than 1 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 (years) this occupation (month and spent in this Other contributory causes of importance: year) occupation... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Date of ... 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosi Was there an autor (STATE OR COUNTRY) 23. If death was due to external called (violetce), fill in also the following: 15. MAIDEN NAME Accident, suicide, or home Where did injury occur? 16. BIRTHPLACE (CITY OR TOWN) Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 24. Was disease or injury in any related to occupation of deceased If so, specify. (ADDRESS) (Signed) (Address) Registrar



FEB 10 1938

-BUREAU OF VITAL STATISTICS MC. STATE BEARD OF HEALTH