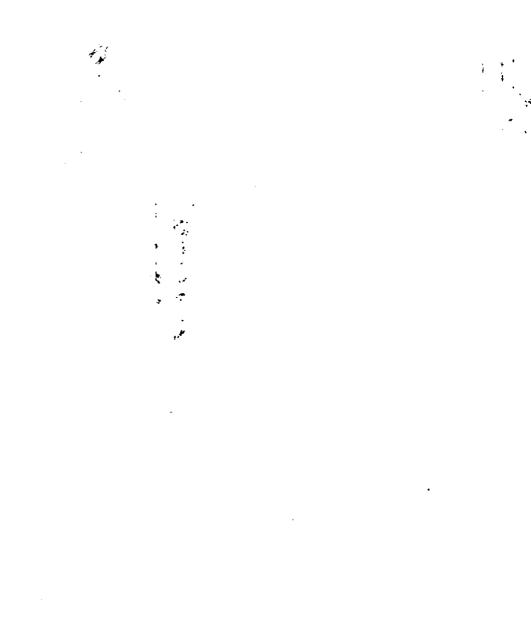
MISSOURI STATE BOARD OF HEALTH Do not use this space. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH 17300 1. PLACE OF DEATH Registration District No..... Primary Registration District No. Registered No., (a) Residence. No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? VIS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from ... , 19 to Free , 5A. IF MARKIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.**......**min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (duration) particular kind of work ... CONTRIBUTORY (b) General nature of industry. (SECONDARY) business, or establishment in which employed (or employer)... (c) Name of employer Claritadale 9. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) O DID AN OPERATION PRECEDE DEATHS 100. DATE OF 10. NAME OF FATHER WAS THERE AN AUTOPSYT 11. BIRTHPLACE OF FATHER (CITY OR TOWN WHAT TEST CONFIRMED DIAGNOSIST plain (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 4. 19 29 (Address) .9 8 Every item of OF DEATH : *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. Ģ 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT (Address)



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