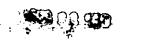
MISSOURI STATE BOARD OF HEALTH Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DI Registration District No. County Primary Registration District No. (a) Residence, No., (Usual place of 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? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED should be sed. Exact s, 19....., to......, 19....., 19..... **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS DAYS If LESS than 1 MONTHS day,hrs. ormin. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Industry or business in which work was done, as siik mill, saw mill, bank, etc..... should be carefully s, so that it may be 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) 13. NAME finformation s in plain terms What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur? 16. BIRTHPLACE (VITY OR TOW (Specify city or town, county, and State) (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKE (ADDRESS) Registrar.



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