MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS should be stated EXACTLY. PHYSICIANS should stared. Exact statement of OCCUPATION is very importan CERTIFICATE OF DEATH 11551. PLACE OF DEATH Registration District No..... File No..... Primary Registration District No... 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 How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) m CERTIFY. That I attended deceased from 5A. 1F MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully suppued. AGE SINC CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day. .....hrs. 75 G or .....min. 8. Trade, profession, or particular kind of work done, as spinner, 🏒 snwyer, 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) spent in this this occupation (month and Other contributory causes year).... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME / 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 (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 (ADDRESS) Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased?...| If so, specify...... 19. UNDERTAKER (ADDRESS) (Signed)..... Registrar.

