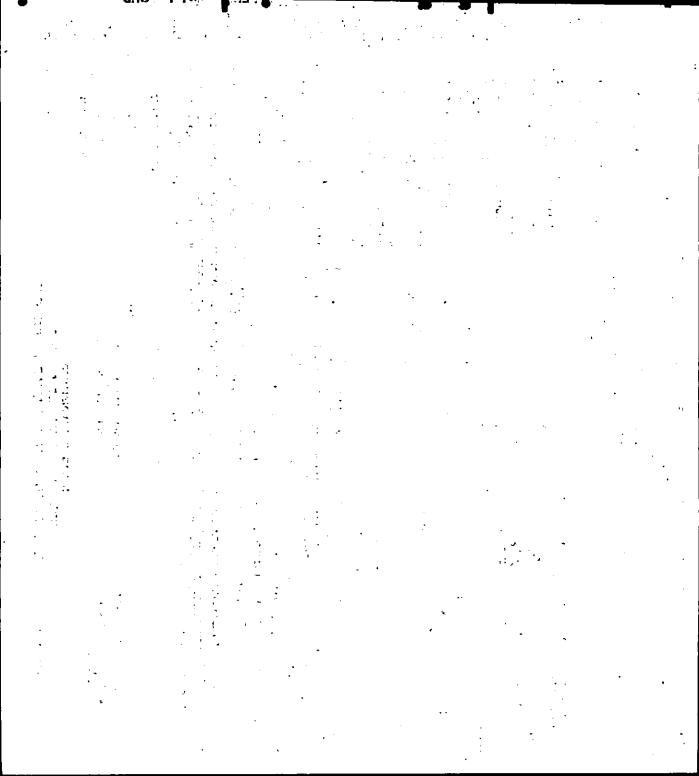
MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 53 Primary Registration District No. Registered No..... (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred TIS. mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR ØR RACE 5. 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 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) B.—Every item of information should be carefully supplied. AGE shouse OSE 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 MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. 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) spent in this this occupation (month and Other contributory causes of importance: vear).... occupation. **BIRTHPLACE (CITY OR TOW** (STATE OR COUNTRY 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: Where did injury occur?..... BIRTHPLACE (CITY OR TOW) (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place. (ADDRESS) Manner of injury Nature of injury..... 19. UNDERTAKE (ADDRESS) Registrar.



MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH ܣ Primary Registration District No. 24899 អ្ន (a) Residence, No. (Usual place of abode) a Length of residence in city or town where death occurred How long in U.S., if of foreign birth? stated EXACTLY 1450C PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 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, CThat I attended deceased from ₹ 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND** OF should be (OR) WIFE OF Ξ 61 DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on th The principal cause of death and related causes of importance were as follows: UNTI AGE YEARS DAYS If LESS than I MONTHS 8. Trade, profession, or particular kind of work done, as spinner, CCUPATION be carefully supplied. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... CERTIFI 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Œ vear)..... occupation... ē 12. BIRTHPLACE (CITY OR TOWN). FEE (STATE OR COUNTRY) should ATHER ⋖ 13. NAME Name of operation Date of RECEIV 14. BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis?...... Was there an autopsy?..... N. B.—Every item of information CAUSE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: in plain 15. MAIDEN NAME ROT 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. SHALL 17. INFORMANT... (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL TO Nature of injury REGISTRARS PLACE 24. Was disease or injury in any way related to occupation of deceased?..... (ADDRESS) (Signed) Registrar.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. (If nonresident, give city or town and State) da.

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