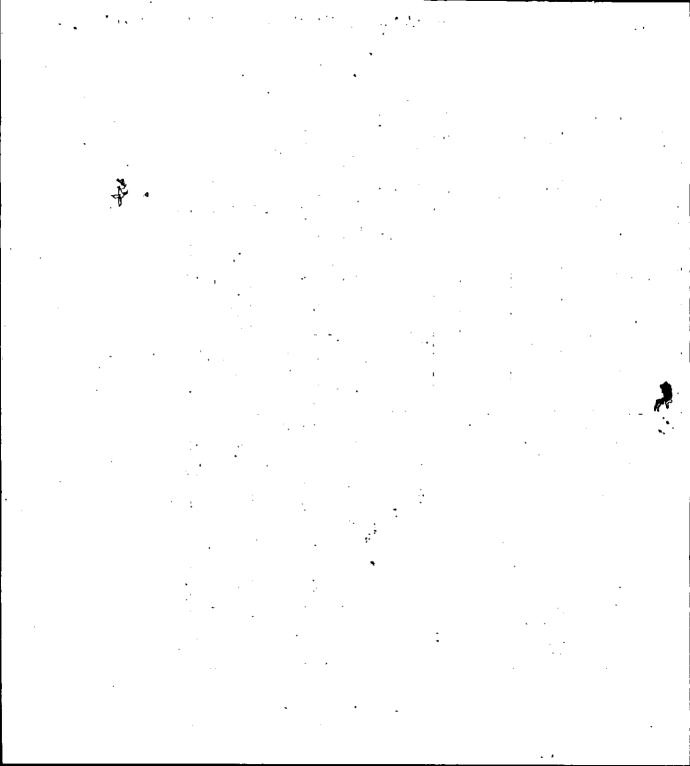
Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS FEE 95 1935 TLY. PHYSICIANŠ should stat OCCUPATION is very impôrtan CERTIFICATE OF DEATH 1. PLACE OF DE Registered No.... (a) Residence, No..... (If nonresident, give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred 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) 193 8 HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkoeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.,.... 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and N. B.—Every item of information should be carefu CAUSE OF DEATH in plain terms, so that it may year)..... occupation. 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 13. NAME Name of operation What test confirmed disgnosis? 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? (Specify city or town, county, and State) BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify...... 19. UNDERTAKER (ADDRESS)



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED PHYSICIANS should state BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON CERTIFICATE OF DEATH THIS SUPPLEMENTARY. 1. PLACE OF DEATH County..... Registration District No..... File No..... Township..... Primary Registration District No. Registered No.... City..... Exact statement of OCCUPATION 2. FULL NAME...... (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? mos. 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) 22. HEREBY CERTIF Y. That I attended deceased from 5A. 1F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than I day.hrs. Date of onset 8. Trade, profession, or particular kind of work done, as spinner, CCUPATION supplied. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... so that it may be 11. Total time (years)
spen (in this
occupation...... 10. Date deceased last worked at this occupation (month and Other contributory cai year).... 12. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) FATHER 13. NAME in plain terms, What test confirmed diagnosis?..... Was there an autopsy?..... BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: E, 15. MAIDEN NAME Accident, suicide, or homicide? Alledat Date of injury 1-13 19.33 Where did injury occur? his hame 16. BIRTHPLACE (CITY OR TOWN)... (Specify city or town, county, and State) (STATE OR COUNTRY) DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury..... REGISTRARS 18. BURIAL, CREMATION, OR REMOVAL Ö 24. Was disease or injury in any way related to occupation of deceased?..... 19. UNDERTAKER (ADDRESS) (Signed).....

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