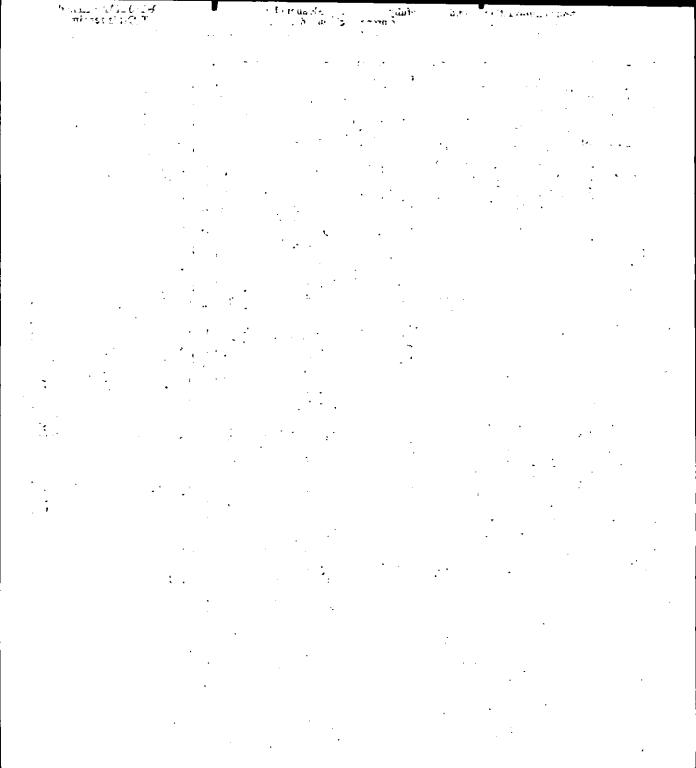
MISSOURI STATE BOARD OF HEALTH Do not use this space. FEB 17 1937/ AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1066 1. PLACE OF Registration District No..... File No. Township Primary 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 How long in U.S., if of foreign birth? YTM. mos. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIER, WIDOWED, OR DIVORCED (Write the word) 3, SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DISORCES **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at 1272m 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE sho 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: If LESS than I 7. AGE YEARS MONTHS day, .....hrs. Date of onset or .....min. 8. Trade, profession, or particular kind of work done, as spinner, õ 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) 1 spent in this this occupation (month and occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY 13. NAME Name of operation 14. 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: 15. MAIDEN NAME 16, 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..... 18. BURIAL CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify..... 19. UNDERTAK (ADDRESS) Registrar



MISSOURI STATE BOARD OF HEALTH Do not use this space. should be carefully supplied. AGE should be stated EMACTLY. PHYSICIANS should state is, so that it may be properly classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF BEA Registration District No..... Primary Registration District No. 30 Registered No. Township. (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 TT6. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR 3, SEX 4. COLOR OR RACE 21. DATE OF DEATH (AND THE DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY, That I attended deceased from SA, IF MARRIED, WIDOWED, OR DIVORCED ....., 19...., to....., 19....., 19..... HUSBAND OF (OR) WIFE OF n alive on Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE DAYS If LESS than'l YEARS **MONTHS** or ......ndn. 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. Total time (years)
speat in this
occupation..... 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: year)..... 12. BIRTHPLACE (CITY OR TOWN)....... (STATE OR COUNTRY) 13, NAME —Every item of information sh SE OF DEATH 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: 15. MAIDEN NAME Where did injury occur?...(S\_ecify city or town, county, and State) 16. 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 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... N. B.—E CAUSE If so, specify..... 19. UNDERTAKER (ADDRESS) Registrar.

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