MISSOURI STATE BOARD OF HEALTH MAR 23 1937 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 DEAT 7452Registration District No. 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 How long in U. S., if of foreign birth? yrs. 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 (prite the word) vidour HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED_OR DIVORCED Should be (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE The principal cause of death and related causes of importance were as follows: YEARS MONTHS DAYS If LESS than 1 N. B.—Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classifi day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. 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) this occupation (month and spent in this **2** occupation..... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 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 Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ndiana Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVA Nature of injury... .19. 19. UNDERTAKER If so, specify.... (ADDRESS) Registrar.

