MISSOURI STATE BOARD OF HEALTH Do not use this space. MAY 20 1937 mo be stated BARCILY. PHYSICIANS should state Bract statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 16456 Registration District No. Primary Registration District No... Registered No..... St. Ward) (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 mos mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR [E₀] 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) HEREBY CERTIFY. That I attended deceased from 1937, to Bril 54. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND** OF (OR) WIFE OF to have occurred on the date stated above, at ... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: DAYS If LESS than I 7. AGE MONTHS day,hrs. Date of ease 8. Trade, profession, or particular kind of work done, as spinner, Afaire sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. so that it may be 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation.... year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation VI Date of What test confirmed diagnosis? Quincil Was there an autopsy? 16 OF DEATH in plain terms, 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?..... (Specify 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 24. Was disease or injury in any way related to occupation of deceased? CAUSE If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... (Address)

