MISSOURI STATE BOARD OF HEALTH Do not use this space. JAN 181938 BUREAU OF VITAL STATISTICS Y. PHYSICIANS should state CUPATION is very important. CERTIFICATE OF DEATH 1. PLACE OF DEATH 45595County IT CNV Registration District No...... Primary Registration District No 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 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH uld be stated EXAC Exact statement of 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR BACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4000 19 DIVORCED/(write the word) widowl Attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** WIRDWIG (OR) WIFE OF should to have occurred on the date stated above, at ... A. ... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: that it may be properly classified. If LESS than 1 DAYS 7. AGE YEARS MONTHS day,hrs. 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 Total time (years) spent in this this occupation (month and Other contributory causes of occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) should 8 13. NAME Name of operation. N. B.—Every item of information sh CAUSE OF DEATH in plain terms, What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 🥱 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. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION: OR REMOVAL Nature of injury..... Was disease or injury in. If so, specify. 19. UNDERTAKER (ADDRESS) (Signed) Registrar

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