3. SEX

7. AGE

MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 2890County.... Registration District No...... Primary Registration District No.... Registered No..... (a) Residence, No.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. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Phat I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBARD OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: If LESS than 1 YEARS MONTHS DAYS day,hrs. ermin. 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) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of important occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Date of 13. NAME Name of operation..... 23. If death was due to external causes (violence), fill in also the foliogring: 15. MAIDEN NAME

(STATE OR COUNTRY)

(STATE OR COUNTRY) 17. INFORMANT (ADDRESS)

16. BIRTHPLACE (CITY OR TOWN)

If so, specify

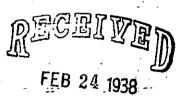
Where did injury occur?.....

Manner of injury..... Nature of injury.....

(Signed).

Specify whether injury occurred in industry, in home, or in public place.

(Specify city or town, county, and State)



BUREAU OF MITAL STATISTICS MO. STATE BOARD OF HEALTH