

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County
 Township Registration District No. File No.
 or
 Village Primary Registration District No. Registered No.
 or
 City (NO St.) Ward)
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH	(Month)	(Day)
7 AGE yrs. mos. ds.	(Year)
8 OCCUPATION	(a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)	
9 BIRTHPLACE	(City or town, State or foreign country)	
10 NAME OF FATHER	(City or town, State or foreign country)	
11 BIRTHPLACE OF FATHER	(City or town, State or foreign country)	
12 MAIDEN NAME OF MOTHER	(City or town, State or foreign country)	
13 BIRTHPLACE OF MOTHER	(City or town, State or foreign country)	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed....., 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, that I attended deceased from

....., 191....., to

..... (Month)

..... (Day)

..... (Year)

that I last saw h..... alive on

....., 191.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

..... (Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs. mos. ds.

(Signed).....

....., 191..... (Address)..... M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS