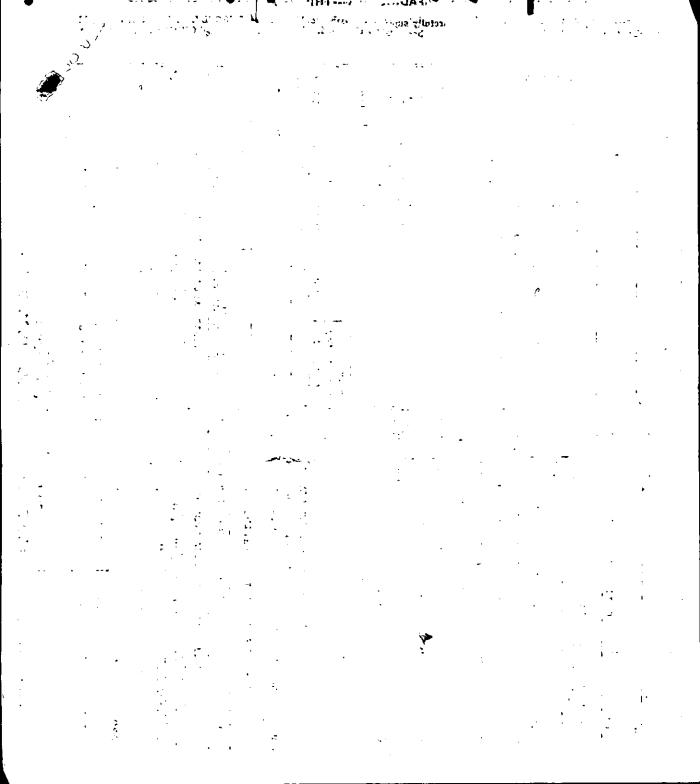
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	HYSICIANS should state ATION is very important.	1. PLACE OF DEATH County Day Registration District Township Clip 2. FULL NAME CERTIFICA Registration District Primary Registration Clip	TAL STATISTICS AT G IN West. TE OF DEATH LOT. 1 No. 40 \$ 30 Pile No.
3. SEX. 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DIVORCED DIVORCED DIVORCED (Widowed to the word) SA IT MARRIED, WIDOWED, OR DIVORCED SA IT MARRIED, OR DIVORCED SA IT MARRIED, WIDOWED, OR DIVORCED SA IT MARRIED, OR DIVORCED SA IT MARRIED, WIDOWED, OR DIVORCED SA IT MARRIED, WID	Y. P	2. In the second control of the second contr	
7. AGE YEARS MONTHS DAYS IN LESS than I day, bre. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, secondary) (c) Name of employer (d) Name of employer (e) Name of employer 18. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) 10. NAME OF FATHER (LITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (LITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT A LANGUAGE OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (LITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED (STATE OR COUNTRY) WHAT TEST CONFIRMED DIAGNOSIS; A B. STATE OF M. D. (SIgned) (SIgned) (SIgned) (SIgned) (SIgned) (MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SURCIDAL, or HOMICIDAL 19. PLACE OF BURIAL (CREMATION, OR REMOYAL) DATE OF BURIAL (STATE OR COUNTRY) (STATE OR CO	statement of	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (contract the word) SA F MARRIED WIDOWED OR DIVORCED	that I last saw b. alive on
FILED 19 REGISTRAR) () 211) bessell Freet, M.	hould be carefully supplied. AGE should be so that it may be properly classified. Exact	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,	THE CAUSE OF DEATH* WAS AS FOLLOWS: HENDER AND



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No...... File No..... Primary Registration District No. 574 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 mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF should 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1860 7. AGE YEARS MONTHS DAYS If LESS than I day.hrs. ormin. B. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer). (c) Name of employer that 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY 8 10. NAME OF FATHER plain terms, information 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE (Address) . 19 SHALL -Every Item of *State the Disease Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CVTY OR TO (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. EGISTRARS 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT/A. (Address) 20. UNDERTAKER REGISTRAR

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