MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Primary Registration District No. .. Registered No.. (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) EXACTLY. Length of residence in city or town where death occurred ds. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 . 1933 stated statement DIVORCED (tarite the word) I HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 8-25, to 9-25, 1933 Should be sied. Exact s **HUSBAND OF** (OR) WIFE OF I last saw h.4. alive on 9-15- 19.3.3 Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 2. 102 m. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 Date of onset 8. Trade, profession, or particular kind of work done, as spinner, ğ N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly o 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 11. Total time (years) this occupation (month and spent in this year)..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation..... 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?..... Was there an autopsy?...... ( STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, miside, ex hemiside? Date of injury 7. 25 1923 2 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. Manner of injury ..... 24. Was disease or injury in any way related to occupation of deceased?... (ADDRESS) Registrar.

