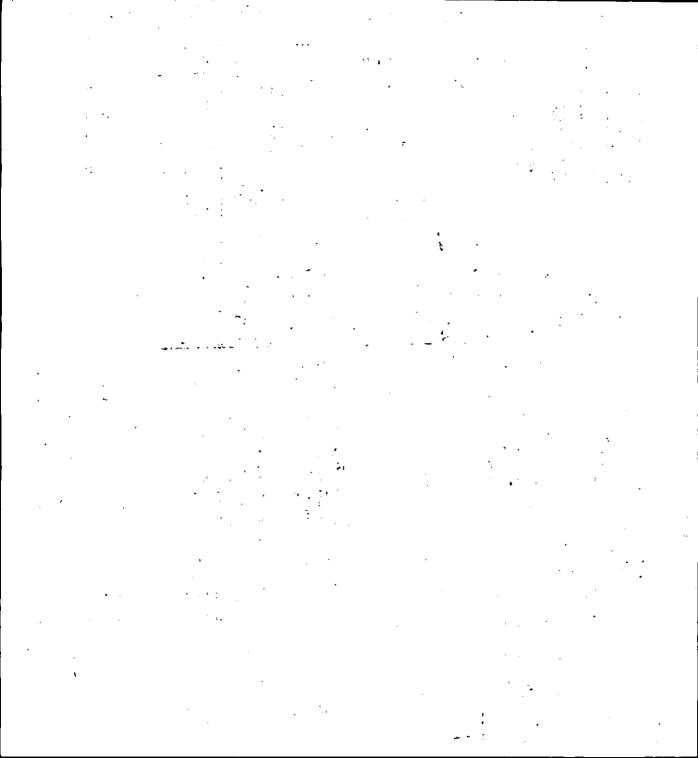
MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County County Registration District No. Primary Registration District No.., Registered No..... (a) Residence, No.. (If nonresident, give city 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 da. mag. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR-OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (prite the word 22. I HEREBY CERTIFY That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at.....m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS If LESS than 1 MONTHS day, .....hrs. or ..... min. 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 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 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: Accident, seicide, or homicide? Teuch Date of injury 6-20, 19 33 (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed)..... (Address) ..... Registrar



## MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN OR THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH County Akl MANAM Registration District No. 126 Primary Begistration District No. 4069 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 TIS. How long in U.S., if of foreign birth? TES. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) ARE I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** classified. Exact (OR) WIFE OF to have occurred on the treatated above, at.....m. The principal cause of death and related causes of importance were as follows: 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE MONTHS DAYS If LESS than 1 YEARS Date of easet or .....min. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Œ occupation..... ᅙ 12. BIRTHPLACE (CITY OR TOWN)... FEE (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis?..... Was there an autopsy?.... 14, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: plain 15. MAIDEN NAME PON Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) .9 Specify whether injury occurred in industry, in home, or in public place. DEATH SHALL 17. INFORMANT... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL RARS Ö PLACE 24. Was disease or injury in any way related to occupation of deceased?..... CAUSE If so, specify..... 19. UNDERTAKER. (ADDRESS) (Signed)...., M. D. 20. FILED. (Address) Registrar.

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