MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state cd. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County Primary Registration District No 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 hirth? mon. da. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** to have occurred on the date stated above, at 19 19 m. . 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS 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. 11. Total time (years) 10. Date deceased last worked at this occupation (month and ecupation... year)..... BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 13. NAME Name of operation. What test confirmed diagn 14. BIRTHPLACE (CITY OR TOWN) ( STATE OR COUNTRY) xternal causes (violence), fill in also the following: Accident, stride, ochomicide? accelant Date of injury out 18, 19 36 Where did niuly ccur? 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. 17. INFORMANT (ADDRESS) 24. Was disease or injury in any way related to occupation of deceased? If so, specify .... (ADDRESS) Registrar

