MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH statement of OCCUPATION is yery important 1. PLACE OF DEATH County Registration District No. Primary Registration District No. Registered No 2. FULL NAME (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. ds. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. I HEREBY CERTIFY. That I attended deceased from Lo. 5A. IF MARRIED, WIDOWED, OR DIVORCED 19....... to.... HUSBAND OF that I last saw h / alive on 6-9-(OR) WIFE OF $\mathcal{W} \cdot \mathcal{H}$ should 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS if LESS than I day,hrs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or duration)..... particular kind of work. CONTRIBUTORY (b) General nature of industry. (SECONDARY) business, or establishment inyrs...... (duration)yrs...... mo which employed (or employer). (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN)... IF NOT AT PLACE OF DEATH..... should (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY 20 DATE OF ____ 10. NAME OF FATHER WAS THERE AN AUTOPSY? .X of information 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) (Signed)...... 12. MAIDEN NAME OF MOTHER N. B.—Every item of in CAUSE OF DEATH in (Address) *State the Disease Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOW (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. 14. DATE OF BURIAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 29 UNDER/TAKER

