JAN 241936 TLY. PHYSICIANS should state OCCUPATION is very important. 1. PLACE OF DEATH County. (a) Residence, No..... (Usual place of abode) stated EXACTLY. Length of residence in city or town where death occurred Exact statement of PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE emale 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF Robert W should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS that it may be properly classifi 8. 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..... carefully 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN)

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

46479

Registration District No..... Primary Registration District No. (If nonresident, give city or town and State)

Registered No.

How long in U. S., if of foreign birth? угø. · MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

That I attended deceased from

to have occurred on the date stated above, at .... The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury.....

23. If death was due to external causes (violence), fill in also the following:

F24. Was disease or infury in any way released to occupation of deceased? If so, specify.

(ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL DATE ()-C (ADDRESS)

information should be N. B.—Every item of information shoul CAUSE OF DEATH in plain terms, so ( STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR YOWN). (STATE OR COUNTRY) 17. INFORMANT

SINGLE, MARRIED, WIDOWED, OR-

ouse Geeper

11. Total time (years) spent in this

occupation.....

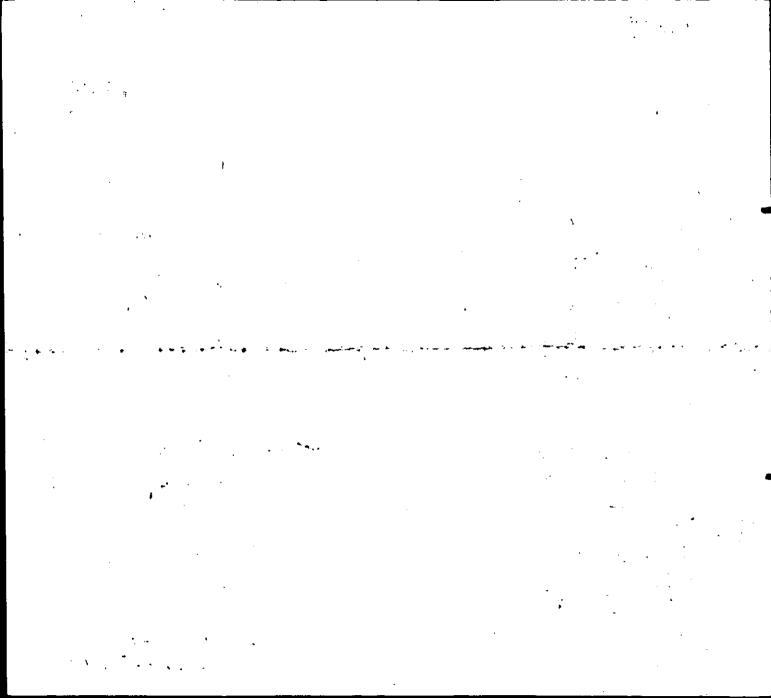
If LESS than 1

day, .....hrs. or .....min.

DIVORCED (torito-the word)

DAYS

What test confirmed diagnosis?...



1. PLACE O	111		BUREAU OF V CERTIFICA	ATE OF DEATH				479 te this space.
(b) Towns	hlp.			on District No	3035	write its name		
2. PRINT FU	LL NAME THE	lu B	address, write county	я. Г		onresident, gi		•••••
PER	SONAL AND STAT	STICAL PART	ICULARS		MEDICAL CE			<del></del>
3. SEX	4. COLOR OR RAC		tied, Widowed, OR rife the word)		EATH (MONTH, DA	4	/O _	27
HUSBA (OR) WI  6. DATE OF E  7. AGE  Z 8. Trade work 9. Indus was c 10. Date this c year) 12. BIRTHPLA (STATE OF	WIDOWED, OR DIVORCED ND OF FE OF IRTH (MONTH, DAY, AND Y) YEARS MONT  G 9, profession, or particular ione, as sawyer, bookkeep try or business in which we deceased last worked at eccupation (month and CE (CITY OR TOWN)	kind of er, etc			d on the data in the same of realth and the same of realth and the same of the	ated above, at ded related cau		. 19 Do
L (STATE L STATE L ST	PLACE (CITY OR TOWN) E OR COUNTRY)			Name of operat What test confit 23. If death wa Accident, suicid Where did injus	ion	causes (viole	Was there ince), fill in a Date of injury or town, cou	Date ofe an autopsy also the folicury
PLACE	REMATION, OR REMOV	AL DATE	mo.	Manner of injury	or injury in any			

