MISSOURI STATE BOARD OF HEALTH Do not use this space. DEC XIS 1880 BUREAU OF VITAL STATISTICS stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. CERTIFICATE OF DEATH 40452 1. PLACE OF DEATH pluo Registration District No...... County. Primary Registration District No. Registered No. (If nonresident, give city or town and State) mos. 3 ds. . How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED OR 4. COLOR OR RACE 1930 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. I HEREBY CERTIFY, That I attended deceased from..... 1930 to Auc 9 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Exact: <u>8</u> that I last saw h. et alive on A.e. 7 , 19.37, and that 6. DATE OF BIRTH (MONTH, DAY AND YEAR) THE CAUSE OF DEATH+ WAS AS FOLLOWS: classified. YEARS DAYS If LESS than I 7. AGE MONTHS day.hrs. ormip. properly 8. OCCUPATION OF DECEASED (a) Trade, profession, or supplie particular kind of work. CONTRIBUTORY N. B.—Every item of information should be carefully CAUSE OF DEATH in plain terms, so that it may be (b) General nature of industry. business, or establishment in which employed (or employer)...... (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) AN OPERATION PRECEDE DEATH 10 DATE OF 10. NAME OF FATHER WAS THERE AN AUTOPSY! 11. BIRTHPLACE OF FATHER (CITY OR TOWN WHAT TEST CONFIRMED DIAGNOSIS PARENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER /(Address) *State the DISPASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) Номистрал. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL P INFORMANT. (Address) 20 UNDERTA

