## MISSOURI STATE BOARD OF HEALTH Do not use this space. OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH PHYSICIANS should 1. PLACE OF DEATH Registration District No. Primary Registration District No. Registered No..... .....St. .....Ward) City..... Residence, No...... (Usual place of abode) (If nonresident, give city or/town and State) stated EXACTLY Length of residence in city or town where death occurred mos How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS' 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF should be (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 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 day, ......hrs. or ......min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... should be carefully 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation... year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN). 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: 15. MAIDEN NAME Where did injury occur?..... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place, Manner of injury. Nature of injury .. 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (ADDRESS) (Signed)..

