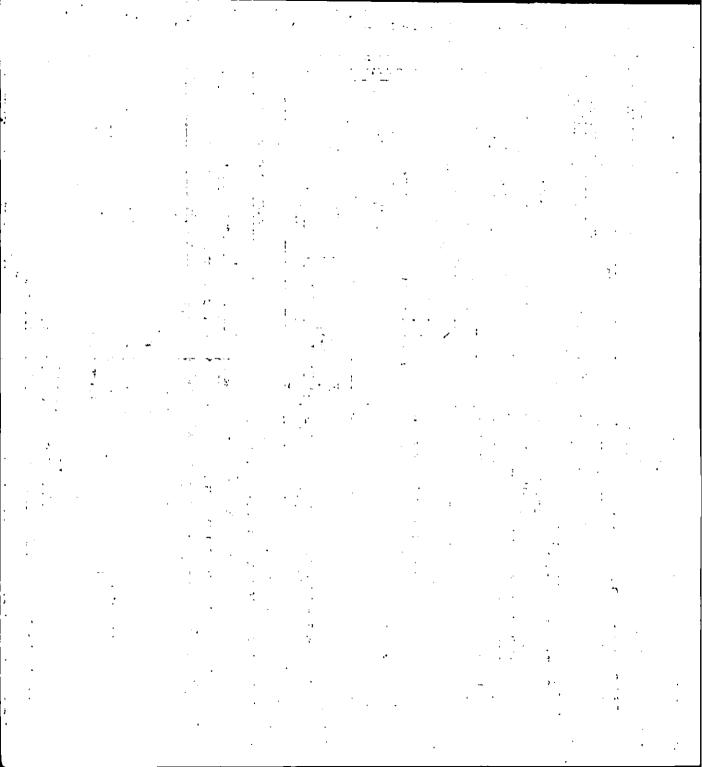
MISSOURI STATE BOARD OF HEALTH Do not use this space BUREAU OF VITAL STATISTICS JAN 2 0 1935 CERTIFICATE OF DEATH PHYSICIANS should 1. PLACE OF DEATH Registration District No. 496 County C File No..... Primary Registration District No. 30 > Registered No. 10 (a) Residence, No. 4 (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mos. da. тоя. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 3. SEX 21, DATE OF DEATH (MONTH, DAY, AND YEAR) VVORCED (write the word) HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS DAYS YEARS day,brs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, supplied sawyer, bookkeeper, etc 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of important occupation..... year)..... (STATE OR COUNTRY) should B.—Every item of information shAUSE OF DEATH in plain terms, What test confirmed diagnosis? Classical Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN 2 (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur? 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. (ADDRESS) Manner of injury.....k Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (ADDRESS)



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON CERTIFICATE OF DEATH THIS SUPPLEMENTARY. 1. PLACE OF DEATH Registration District No...... File No. Registered No. 106 Primary Registration District No ... PRESCRI ٠, (a) Residence, No. St., (Usual place of abode) (If nonresident, give city or town and State) ETED Length of residence in city or town where death occurred How long in U.S., if of foreign birth? YES. mos. yrs. 귑 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COM 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) N.HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** ۵ (OR) WIFE OF ast a w h....... alive on Death is said Ŧ .6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNTIL The principal cause of death and related causes of importance were as follows: 7. AGE If LESS Chan 1 YEARS DAYS MONTHS CERTIFICATES 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..... al time (years) ent in this 10. Date deceased last worked at this occupation (month and FOR Other contributory causes of importance: year)..... disupation..... FEE 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation. 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: RARSISHALLINOTIR OF DEATH in plain 15. MAIDEN NAME Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN)... (S_ecify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT.... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury.... 24. Was disease or injury in any way related to occupation of deceased?..... 19. UNDERTAKER (ADDRESS) 1975 SIANUFAD

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