MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH SICIANS (If nonresident give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred How lond in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 16. DATE OF DEATH (MONTH, DAY AND YEAR) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) CAUSE OF DEATH\* WALAS FOLLOWS: 7. AGE YEARS MONTHS If LESS than 1 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ... (b) General nature of industry, CONTRIBUTORY business, or establishment in which employed (or employer)..... (c) Name of employer HERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN PARENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHE N. B.—Every item of CAUSE OF DEATH ACE OF MOTHER (CITY OR \*State the Dismann Causing Dearm, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or HOMICTIAL. (See reverse side for additional space.) 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL ADDRESS REGISTRAG

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