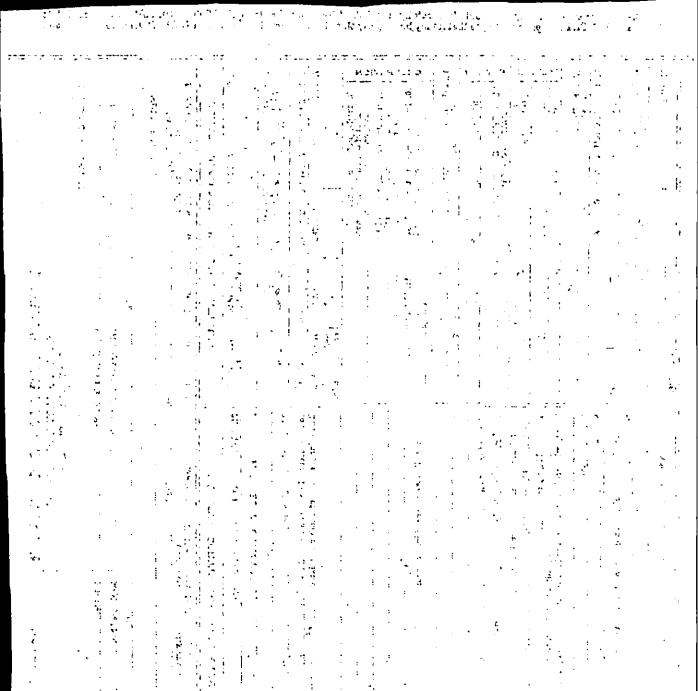
MISSOURI STATE BOARD OF HEALTH Do not use this space. **原图 17 1937** should be stated EXACTLY. PHYSICIANS should state ed. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No Primary Registration District No. Registered No...... (a) Residence, No.....(Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 5a. IF MARRIED, WIDOWED, OR DIVIDICED HUSBAND OF - 72 (OR) WIFE OF to have occurred on the date stated above, at...... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: DAYS If LESS than 1 7. AGE YEARS Trade, profession, or particular kind of work done, as spinner, CUPATION sawver, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill. bank, etc..... 11. Total time (years) spent in this 10. Data deceased last worked at this occupation (month and occupation..... year) BIRTHPLACE (CITY OR TOWN)...& (STATE OR COUNTRY) Name of operation..... What test confirmed diagnosis?...... Was there an autopsy?........ 14. BIRTHPLACE (CITY OR TOWN). ij (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?...... Date of injury..........., 19....... 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 Manner of injury IS BURIAL CREMATION Nature of injury..... 24. Was disease or injury in any way related to occupation of If so, specify... 19. UNDERTAKER (ADDRESS) (Signed)... (Addre



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