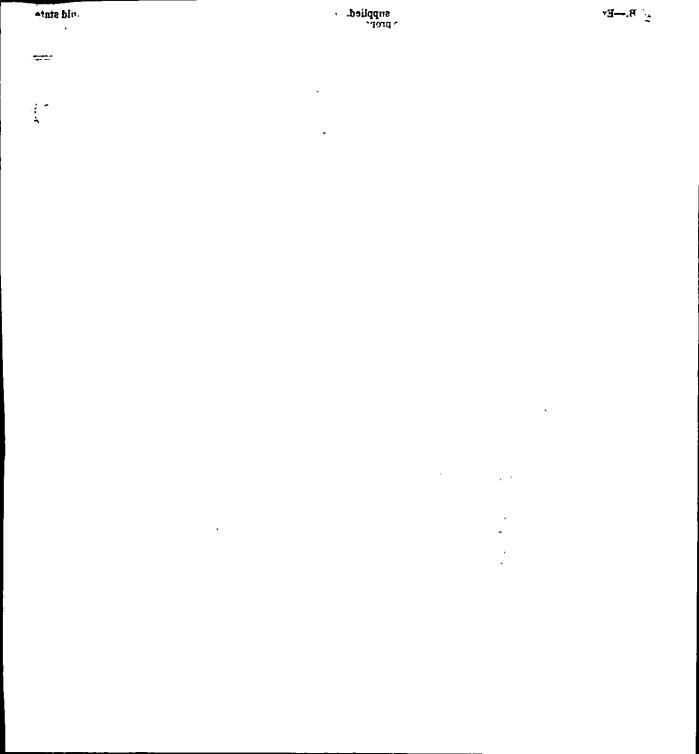
MAR 27 1857 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 4181 TLY. PHYSICIANS should OCCUPATION is very impo M 1. PLACE OF DEATH File No..... Registration District No Primary Registration District No.. Registered NoSt.,Ward. (a) Residence, No.. (If nonresident, give city or town and State) (Usual place of abode) ds. # How long in U. S., if of foreign birth? de. Length of residence in city or town where death occurred mos. stated EXACTL PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4, COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19 🖰 🖯 DIVORCED (white the word) CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED AGE should be assifted. Exact **HUSBAND** OF (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1hrs. Date of onsemin 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawver, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... carefully 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance: occupation year).... 12. BIRTHPLACE (CITY OR TOWN) should be (STATE OR COUNTRY) FATHER Name of operation..... 14. BIRTHPLACE (CITY OR TOW. (STATE OR COUNTRY) 23. If death was due to external causes, (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?. 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. 17. INFORMANT Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?.....



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED statement of OCCUPATION is very important. FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... File No. Primary Registration District No. 60 6 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 mas. COMPL PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ARE I HEREBY CERTIFY, That I attended deceased from 5a. 1F MARRIED, WIDOWED, OR DIVORCED THEY **HUSBAND OF** (OR) WIFE OF Death is said UNTIL to have occurred on the te stated above, atm. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) classified. The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS DAYS If LESS than 1 YEARS day,hrs. ormin. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, **OCCUPATION** sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and r contributory causes of importance: <u>ō</u> occupation..... year)..... 띮 12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) ä 13. NAME RECEIVE FATHE 14, BIRTHPLACE (CITY OR TOWN). What testiconfirmed discussion Was there an autopsy?..... (STATE OR COUNTRY) uternal causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME Pos Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN).. (Specify city or town, county, and State) (STATE OR COUNTRY) SHALL Specify whether injury occurred in industry, in home, or in public place. N. B.—Every item of CAUSE OF DEATH 17. INFORMANT (ADDRESS) Manner of injury REGISTRARS 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS)