1930 FEB 21 1930 MISSOURI STATE BOARD OF HEALTH Do not use this space. uld be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEAT 1793Registration District No ..... Registered No. 6 Primary Registration District No ..... 2. FULL J.O. (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. mos. Length of residence in city or town where death occurred YES. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SANGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be carefully supplied. AGE sho 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 I 7. AGE YEARS MONTHS day, .....hrs. or .....min. 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..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) occupation...... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation..... What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 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. 17. INFORMANT (ADDRESS) Manner of injury. 18. BURIAL, CREMATION, OR Nature of injury..... 24. Was disease or injury in any way related to occupation of If so, specify. 19. UNDERTAKER (ADDRESS)

