MISSOURI STATE BOARD OF HEALTH Do not use this space. JUN 27 1938 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 21748 SICIANS should ION is very impor 1. PLACE OF DEA File No..... Registration District No...... County..... Primary Registration District No. Registered No...... 2. FULL NAME (a) Residence, No... (If nonresident, give city or town and State) (Usual blace of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR-3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write, the word) detended deceased from 5A. IPMARNED, WIDOWED, OR OF HUSBAND OF Death is said to have occurred on the date stated above, at 9 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEA The principal cause of death and related causes of importance were as follows: If LESS than 1 DAYS 7. AGE YEARS MONTHS day,hrs. Date of onset ormin. B. 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..... Date deceased last worked at this occupation (month and 11. Total time (years spent in this er contributory causes of importance: 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 13. NAME Name of operation...... Date of...... What test confirmed diagnosis? Was there an autopsy?..... 14. BIRTHPLACE (CITY OF 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?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Manner of injury..... (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so specify..... 19. UNDERTAKER (ADDRESS) (Address) Registrar

