JUN 23 1936 MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS EXACTLY. PHYSICIANS should state ent of OCCUPATION is very important. CERTIFICATE OF DEATH 20093 1. PLACE OF DEAT Registration District No...... Primary Registration District No. 4335 Registered No. (a) Residence, No...... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? 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) CERTIFY. That I attended deceased from MARRIED, WIDOWED, OR DIVORCED 1934 to > May 10 HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 10: 20/tm. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than I 7. AGE **MONTHS** 8. Trade, profession, or particular kind of work done, as spinner, nawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mili, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis?... Cheece Was there an autopsy? 14. BIRTMPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased?......... If so, specify..... Caldonica

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