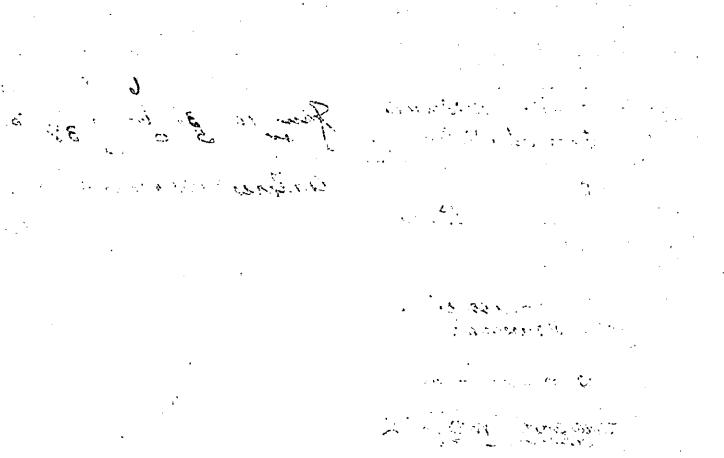
SECTION 10L 22 1938 MISSOURI STATE BOARD OF HEALTH Do not use this space. PHYSICIANS should state BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Monsteau Registration District No. Township Walker Primary Registration District No. Registered No. City..... (a) Residence, No...... (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 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Y, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 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: If LESS than 1 7. AGE YEARS day,hrs. ormin. 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..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation.... year).... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAMĖ Name of operation in plain terms, 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: Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased If so, specify..... (ADDRESS) (Signed)... (Address) egistrar.



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