37 1931 MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS 2132CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration District No. Pile No..... Primary Registration District No. A Registered No. Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred /2 mos da How long in U.S., If of foreign birth? mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. Date of onset ormln. 8. Trade, profession, or particular kind of work done, as spinner, N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly (CCUPATION sawyer, bookkeeper, etc..... Industry or business in which work was done, as silk milt, saw mill. bank. etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of important year)..... occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?..... Was there an autopsy?..... (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 (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to If so, specify...... (ADDRESS) (Signed) (Address)

