

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Dade
Township Pilgrimage or Pilgrimage Village Pilgrimage or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 236 File No. 4801
Primary Registration District No. 6260 Registered No. 8
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME L. Dona Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single MARRIED ~~WIDOWED~~ OR DIVORCED (If write the word)

DATE OF BIRTH Mar. 1, 1910
(Month) (Day) (Year)

AGE 21 yrs. 4 mos. 18 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work no
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

BIRTHPLACE (City or town, State or foreign country) Pilgrimage Dade Co.

PARENTS
NAME OF FATHER L. R. Jones
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pilgrimage Dade Co.
MAIDEN NAME OF MOTHER Leulda A. Beckman
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. M. Jones
(ADDRESS) Pilgrimage Mo

Filed Mar 3, 1910 E. M. Box
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 1st, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1910, to Mar 1st, 1910, that I last saw her alive on Mar 1, 1910, and that death occurred, on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows: Labor Pneumonia
TOX

(Duration) ___ yrs. ___ mos. 6 ds.
Contributory (SECONDARY) unknown
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. R. Riley M. D.
Mar 2, 1910 (Address) of Escator Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Antioch yard DATE OF BURIAL 4/3
UNDERTAKER J. O. Mason ADDRESS London Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—metal mine*, etc. Women at home, who are engaged in the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name of DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

