

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 Phelps
Township Cold Spring
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 679 File No. 10670
Primary Registration District No. 5907 Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mabel Hust.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>April 18, 1898</u> (Month) (Day) (Year)		
AGE <u>11 yrs. 11 mos. 5 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Fisk, Missouri.</u>		
PARENTS	NAME OF FATHER <u>John Hust</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont know.</u>	
	MAIDEN NAME OF MOTHER <u>Dont know.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont know.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1910.
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 15, 1910, to March 23, 1910., that I last saw her alive on March 22, 1910, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Acute Millitary Tuberculosis.
Little girl, I understand, inherited consumption from mother. Latent till 20 mos. ago.
BRA (Duration) 1 yrs. 21 ds.

Contributory _____
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.
_____ 191_____ (Address)

*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 4 yrs. 5 mos. 22 ds. In the 11 yrs. 11 mos. 5 ds.
Where was disease contracted if not at place of death?
Former or usual residence Children's Home Society, St Louis, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Michael Fink
(ADDRESS) Elk Prairie, Mo.

PLACE OF BURIAL OR REMOVAL <u>Elk Prairie Mo</u>	DATE OF BURIAL <u>Mar. 24, 1910</u>
UNDERTAKER <u>None</u>	ADDRESS

Filed April 1 1910
A. H. Livingston REGISTRAR

1 United States Standard Certificate of Death

ved by U. S. Census and American Public Health
Association]

ent of occupation.—Precise statement of oc-
is very important, so that the relative health-
fulness of various pursuits can be known. The ques-
tion 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, *Composer*, *Architect*, *Locomotive engineer*,
Civil engineer, *Stationary fireman*, etc. But in many
cases, especially in industrial employments, it is neces-
sary 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—Coal mine*, etc.
Women at home, who are engaged in the duties of the
household only (not paid *Housekeepers* who receive a
definite salary), may be entered as *Housewife*, *House-*
work, or *At home*, and children, not gainfully employed,
as *At school* or *At home*. Care should be taken to re-
port specifically the occupations of persons engaged in
domestic service for wages, as *Servant*, *Cook*, *House-*
maid, etc. If the occupation has been changed or given
up on account of the DISEASE CAUSING DEATH, state oc-
cupation at beginning of illness. If retired from busi-
ness, that fact may be indicated thus: *Farmer (re-*
tired, 6 yrs.). For persons who have no occupation
whatever, write *None*.

Statement of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal 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* (dis-
ease causing death), *29 ds.*; *Bronchopneumonia* (sec-
ondary), *10 ds.* Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

