

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 _____

Township _____

or

Village _____

or

City St. Louis (NO. 1405 N. 7th)

Registration District No. 791

File No. 14665

Primary Registration District No. 1003

Registered No. 3172

St. 3 Ward

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

FULL NAME Titana Bova

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>
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DATE OF BIRTH April 27, 1910
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 11 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) St. Louis

PARENTS	NAME OF FATHER <u>Joe Bova</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Italy</u>
	MAIDEN NAME OF MOTHER <u> Grazzia Binziolo</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Italy</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pete Bova
(ADDRESS) 1137 N 6 St.

Filed MAY -7 1910 P. Wheeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 5, 1910, to death, May, 1910, that I last saw her alive on May 6, 1910, and that death occurred, on the date stated above, at 6:19 a. m.
The CAUSE OF DEATH* was as follows:
Congenital Debility.

158
(Duration) _____ yrs. _____ mos. 11 ds.

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

(Signed) Edwin Sauter, M. D.
May 7, 1910 (Address) 1331 N. 7th

*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 Calvary DATE OF BURIAL May 8, 1910

UNDERTAKER John C. Belusick ADDRESS 1138 N. 6th St.

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—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*, *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 from business, 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, first, the 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; "less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Charl heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent) aff not be stated unless important. Example: *M ease causing death*, 29 ds.; *Bronchopneum ondary*, 10 ds. Never report mere sympto minal conditions, such as "Asthenia," (merely symptomatic), "Atrophy," "Collapse "Convulsions," "Debility" ("Congenital," "Se "Dropsy," "Exhaustion," "Heart failure," rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a defin can be ascertained as the cause. Always diseases resulting from childbirth or misc "PUERPERAL septicaemia," "PUERPERAL peri State cause for which surgical operation v taken. For VIOLENT DEATHS state MEANS OF I qualify as ACCIDENTAL, SUICIDAL, or HOMICI probably such, if impossible to determine Examples: *Accidental drowning*; *Struck train—accident*; *Revolver wound of head—Poisoned by carbolic acid—probably suicide ture of the injury, as fracture of skull, quences (e. g., sepsis, tetanus) may be stated head of "Contributory." (Recommendation ment of cause of death approved by Con Nomenclature of the American Medical A:*

