

## PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

or  
Village \_\_\_\_\_or  
City St. Louis

Registration District No. \_\_\_\_\_

**791**File No. **15000**Primary Registration District No. **1003**Registered No. **3506**(NO. 4150a Flad Ave. St. 24 Ward)

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

FULL NAME William F. Dwyer Jr

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED OR DIVORCED Single  
(Write the word)DATE OF BIRTH Aug 11, 1910  
(Month) (Day) (Year)AGE 9 yrs. 5 mos. 5 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?OCCUPATION  
(a) Trade, profession, or particular kind of work Mike  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_BIRTHPLACE  
(City or town, State or foreign country) St. LouisNAME OF FATHER William F. DwyerBIRTHPLACE OF FATHER Missouri  
(City or town, State or foreign country)MAIDEN NAME OF MOTHER Mamie ConnorBIRTHPLACE OF MOTHER Missouri  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Dwyer(ADDRESS) 4150a Flad Ave

MAY 17 1910

Filed \_\_\_\_\_ 1910 24 1/2 Wheeler Bond REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 12, 1910 to May 16, 1910, that I last saw him alive on May 12, 1910,and that death occurred, on the date stated above, at 9 1/2 m.

The CAUSE OF DEATH\* was as follows:

Acute bronchitis  
106H

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.(Signed) Geo M. Hays M. D.  
May 17, 1910 (Address) 556 N Taylor

\*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 CalvaryDATE OF BURIAL 5/18, 1910UNDERTAKER J. P. CollinsADDRESS 517 Walnut

# 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; "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 symptomatic conditions, such as "Asthenia," "Collapse," (merely symptomatic), "Atrophy," "Congenital," "Senile," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Emphysema," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always quote diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF DEATH, if taken. For ACCIDENTAL, SUICIDAL, or HOMICIDAL, state MEANS OF DEATH, if possible to determine. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—probably suicide*. State MEANS OF DEATH, if possible to determine. Examples: *Poisoned by carbolic acid—probably suicide*. State MEANS OF DEATH, if possible to determine. Examples: *Fracture of skull, aneurysm* (e. g., *sepsis*, *tetanus*) may be stated as "Contributory." (Recommendations for the statement of cause of death approved by Commission on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

