

## PLACE OF DEATH

JACKSON.

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis (No. 1026 Brooklyn St., 8 Ward)

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 399 File No. 16694Primary Registration District No. 1002 Registered No. 2030FULL NAME Mrs. Nathalie Hopkins

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX FCOLOR OR RACE WhiteSINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)Widowed

DATE OF BIRTH

March5<sup>th</sup>, 1837

(Month)

(Day)

(Year)

AGE

73 yrs. 3 mos. 11 ds.If LESS than  
1 day \_\_\_\_\_ hrs  
or \_\_\_\_\_ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

54121325125

BIRTHPLACE

(City or town,

State or foreign country)

Ghent, Holland

PARENTS

NAME OF FATHER

John Francis Hilli

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Holland

MAIDEN NAME OF MOTHER

Sopie Erkhout

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Holland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathalie Hopkins(ADDRESS) 1026 Brooklyn an

Filed

JUN 17 1910St. LouisDevo REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 16<sup>th</sup>, 1910

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from June, 1910, to June 17, 1910, that I last saw her alive on June 16, 1910,and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH\* was as follows:

54121325125Renal DropsySt. LouisSt. LouisSt. Louis

\*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 St. Louis Mo DATE OF BURIAL June 17 1910UNDERTAKER St. Louis ADDRESS 1212 M. S. G. St.

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.

RECORD BY STATE BOARD OF HEALTH IS A PERMANENT RECORD

alt Bled

# 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 healthiness of various pursuits can be known. The question applies to each and every person, irrespective of sex.

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*, *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 name 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) *Woolen mill*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Foreman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. For persons who return "Laborer," "Foreman," "Manager," etc., etc., without more precise specification, as *Factory laborer*, *Farm laborer*, *Laborer—Coal mine*, etc., for persons at home, who are engaged in the duties of a household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child—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, 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 at the time of death, write *None*.

130

**Statement of cause of death.**—Name, first, the disease CAUSING DEATH (the primary affection with reference to time and causation), using always the same definite term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *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.)

HUGH STEPHENS, JEFFERSON CITY.

