

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

or
Village _____or
City _____Registration District No. 91File No. 28500Primary Registration District No. 1003Registered No. 4946City St Louis mo (NO. 2717 Franklin St. 20 Ward)

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

FULL NAME Rosie Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) SingleDATE OF BIRTH August 15, 1894
(Month) (Day) (Year)AGE 15 yrs. 10 mos. 10 ds. If LESS than 1 day, hrs. or min.?OCCUPATION
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE
(City or town, State or foreign country) St Louis moNAME OF FATHER Jerry MitchellBIRTHPLACE OF FATHER
(City or town, State or foreign country) MoMAIDEN NAME OF MOTHER Polie WaltonBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Polie Harvey(ADDRESS) 2717 FranklinFiled JUL - 1 1910 W. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 21, 1910, to June, 1910, that I last saw her alive on June 28, 1910, and that death occurred, on the date stated above, at 10 P. M.The CAUSE OF DEATH* was as follows:
Peritonitis (non-puerperal)139 R
W
(Duration) yrs. mos. 7 ds.Contributory 940 - Pelvic peritonitis
(SECONDARY) (Duration) yrs. mos. 30 ds.(Signed) Vaccint J. Mueller M. D.
June 29, 1910 (Address) 2600 Franklin

*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 Greenwood DATE OF BURIAL July 2, 1910UNDERTAKER W. B. Gordon ADDRESS 2649 Morgan

United States Standard Certificate of Death

red 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 is asked of each and every person, irrespective of age, sex, or many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the industry, the business or industry, and therefore an additional line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery merchant*, (b) *Automobile factory*. The material on this line may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. If the person is at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *Child at home* or *At home*. Care should be taken to specify the occupation of persons engaged in service for wages, as *Servant*, *Cook*, *House-*

If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the date of beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation return *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, 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 suicidal*. 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.)

