

## PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis, Mo. (NO. \_\_\_\_\_)Registration District No. 791File No. 220015447Primary Registration District No. 1003

Registered No. \_\_\_\_\_

City St. Louis, Mo. (NO. St. Johns Hospital St.) (Ward) 27

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

FULL NAME Alfred Powell Greening

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED divorced WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Feb 13, 1867  
(Month) (Day) (Year)AGE 43 yrs. 5 mos. 3 ds.

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION

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

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

BIRTHPLACE

(City or town, State or foreign country) Bristol, EnglandNAME OF FATHER George B. GreeningBIRTHPLACE OF FATHER Bristol, England  
(City or town, State or foreign country)MAIDEN NAME OF MOTHER Mary PowellBIRTHPLACE OF MOTHER Timbury, England  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Greening(ADDRESS) Toledo, O.Filed JUL 16 1910

(1910)

H. Wheeler Bond  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 22, 1910, to July 16, 1910, that I last saw him alive on July 16, 1910, and that death occurred, on the date stated above, at 10 a. m.  
The CAUSE OF DEATH\* was as follows:  
Cirrhosis of Liver  
1711Contributory Ascites  
(SECONDARY)(Signed) Rudolph N. Abel

M. D.

1910 (Address) 2605 1/2 Franklin Ave.

\*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. 19 ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence 912 N. JeffersonPLACE OF BURIAL OR REMOVAL Toledo, OhioDATE OF BURIAL July 18, 1910UNDERTAKER Henry AlawelADDRESS 2002 North St. St. Louis, Mo.

# 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*, *Composer*, *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," etc., without more precise specification, as *Miner*, *Farmer laborer*, *Laborer—Coal mine*, etc. 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 *At home* or *At home*. Care should be taken to re-fer specifically the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *House-keeper*. 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 (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 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*; *Clonal heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent); not be stated unless important. Example: ease causing death), *29 ds.*; *Bronchopneumonia*, *10 ds.* Never report mere sym-ptomical conditions, such as "Asthenia," (merely symptomatic), "Atrophy," "Collap-," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, if impossible to determine, probably such, as "Fracture of skull," "Poisoned by carbolic acid—probably suicidal," "Puerperal septicaemia," "Puerperal infection," etc. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicidal*. Sequences (e. g., *sepsis*, *tetanus*) may be stated as contributory." (Recommendation of the American Medical Association, 1900.)

