

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 _____

Village _____

City St Louis (NO. 2409 Coleman St., 17 Ward)

Registration District No. 791 File No. 22212

Primary Registration District No. 703 Registered No. 5558

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

FULL NAME James C. Crowley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb 11, 1910
(Month) (Day) (Year)

AGE 5 yrs. 12 mos. 12 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 James Crowley
BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis
MAIDEN NAME OF MOTHER Jennie Graham
BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James C. Crowley
(ADDRESS) 2409 Coleman St

Filed JUL 23 1910 1910 D. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 19, 1910, to death, July 22, 1910, that I last saw h*i*m alive on July 21, 1910, and that death occurred, on the date stated above, at 29 a. m.

The CAUSE OF DEATH^y was as follows:
Iles - Colitis

1178
(Duration) ____ yrs. ____ mos. 25 ds.

Contributory Unknown
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Edwin Sauter M. D.
July 23, 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 July 23 1910
UNDERTAKER Mullenbach Coleman ADDRESS 2402

of lung
Pneu-
d
use of
Epidemic

United States Standard Certificate of Death

U. S. Census and American Public Health Association

of occupation.—Precise statement of occupation, so that the relative health-
ous pursuits can be known. The ques-
each and every person, irrespective of
y occupations a single word or term on
ill be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
Stationary fireman, etc. But in many
y in industrial employments, it is neces-
(a) the kind of work and also (b) the
business or industry, and therefore an
is provided for the latter statement; it
only when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
(b) *Automobile factory*. The material
form part of the second statement.
"Laborer," "Foreman," "Manager,"
without more precise specification, as
Farm laborer, *Laborer—Coal mine*, etc.
ne, who are engaged in the duties of the
(not paid *Housekeepers* who receive a
, may be entered as *Housewife*, *House-*
me, and children, not gainfully employed,
At home. Care should be taken to re-
the occupations of persons engaged in
(v) for wages, as *Servant*, *Cook*, *House-*
the occupation has been changed or given
of the DISEASE CAUSING DEATH, state oc-
inning of illness. If retired from busi-
may be indicated thus: *Farmer* (re-
For persons who have no occupation
None.

of cause of death.—Name, first, the
G DEATH (the primary affection with re-
and causation), using always the same
for the same disease. Examples: *Cere-*
(the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
typhoid fever (never report "Typhoid
Lobar pneumonia; *Bronchopneumonia*
unqualified, is indefinite); *Tuberculosis*
inges, *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* (dis-
ease causing death), *29 ds.*; *Bronchopneumonia* (sec-
ondary), *10 ds.* Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia,"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

