

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 St. Louis  
 Township Central or Village \_\_\_\_\_  
 or City St. Louis, Co. (NO. St. Vincents Asylum Ward \_\_\_\_\_)  
 Registration District No. 790 File No. 25145  
 Primary Registration District No. 6033 Registered No. 169  
 FULL NAME David Shelby [If death occurred in a hospital or institution, give its NAME instead of street and number]

**PERSONAL AND STATISTICAL PARTICULARS**

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

DATE OF BIRTH June 1<sup>st</sup> 1886  
 (Month) (Day) (Year)

AGE 24 yrs. 2 mos. 29 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) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS  
 NAME OF FATHER B. Shelby  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Miss  
 MAIDEN NAME OF MOTHER Ruth Sherman  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) La

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) D. Shelby  
 (ADDRESS) 5906 Calver ave

Filed Aug 30 1916 D. J. O'Connell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug 30, 1916  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 17, 1907, to Aug 30<sup>th</sup>, 1916, that I last saw him alive on Aug 30<sup>th</sup>, 1916, and that death occurred, on the date stated above, at 2<sup>30</sup> P.M.

The CAUSE OF DEATH\* was as follows:  
Epilepsy

85  
 (Duration) 16 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Indigestion  
 (SECONDARY) (Duration) \_\_\_\_ yrs. 2 mos. \_\_\_\_ ds.

(Signed) H. M. Merriam M. D.  
Aug 30<sup>th</sup>, 1916 (Address) 3654 Delmar 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. 8 mos. \_\_\_\_ ds. In the State 24 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 Where was disease contracted If not at place of death? St. Louis in W. Va.  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL Aug 31, 1916  
 UNDERTAKER Hagoner Und Co ADDRESS 3621 Olive St.

# 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; "Cancerably such, less definite; avoid use of "Tumor" for mamples; *Accidental* neoplasms); *Measles*; *Whooping cough*; *Chronic tident*; *Revolu-* *lar heart disease*; *Chronic interstitial nephritis*, *etolic acid—pro-* contributory (secondary or intercurrent) affection; fracture of skull not be stated unless important. Example: *Measles* may be stated (e.g., *Measles causing death*), *29 ds.*; *Bronchopneumonia* (primary or secondary), *10 ds.* Never report mere symptoms by Committee on Nomenclature of the American Medical Association, such as "Asthenia," "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Sepsis," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis." State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY which qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated unqualifiedly as "Contributory." (Recommendations on Nomenclature of the American Medical Association)

