

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.

PLACE OF DEATH

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

County St Louis Co
Township Central
or
Village _____
or
City Webster (NO. 6121 Minerva St. ave Ward _____)

Registration District No. 789 File No. 31877
Primary Registration District No. 4472 Registered No. 358

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

FULL NAME

John Joe Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
DATE OF BIRTH July first, 1910
(Month) (Day) (Year)
AGE 3 yrs. 29 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 Co
NAME OF FATHER Joe Turner
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis City
MAIDEN NAME OF MOTHER Attie Raley
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Carlinville Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Turner
(ADDRESS) 6121 Minerva Ave
Filed Oct. 31, 1910 Pella Tracy M
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29, 1910
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Oct 3, 1910, to Oct 29, 1910, that I last saw him alive on Oct 27, 1910, and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia
35 (Duration) ___ yrs. ___ mos. 26 ds.
Contributory _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. A. Benson M. D.
Oct 29, 1910 (Address) 4702 Euston

*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. Peter's Cemetery, Sunday Oct 31, 1910
DATE OF BURIAL _____
UNDERTAKER J. L. Williams ADDRESS 2315 Market 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 business or industry, and therefore an example is provided for the latter statement; it is given only when needed. As examples: (a) *Woolen mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material given in this form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Unskilled farm laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary) may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, *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*, *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 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.

