

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

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. LouisRegistration District No. 7871File No. 32635Primary Registration District No. 1003Registered No. 8330(NO. 4219, Cote Brilliant St. No Ward)

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

FULL NAME Mrs. Edith Aird

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
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## DATE OF BIRTH

June 12, 1836  
(Month) (Day) (Year)

## AGE

74 yrs. 4 mos. 14 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) Ireland

## PARENTS

## NAME OF FATHER

Sam'l O'Connell

## BIRTHPLACE OF FATHER

(City or town, State or foreign country) Ireland

## MAIDEN NAME OF MOTHER

Jennie Boyd

## BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Richard High(ADDRESS) 4219 Cote BrilliantFiled Oct 23 1910

19

A. Wheeler Bond

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## DATE OF DEATH

October 26, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 22, 1910, to Oct 26, 1910, that I last saw her alive on Oct 25, 1910, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:

Gastric Carcinoma.(Duration) \_\_\_ yrs. 5 mos. \_\_\_ ds.

## Contributory

(SECONDARY)

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

(Signed) C. P. Martin M. D.

Oct 26, 1910 (Address) 4111 71 Grand 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. \_\_\_ 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

Our Ill

## DATE OF BURIAL

Oct 27, 1910

## UNDERTAKER

A. Ellis

## ADDRESS

727 N. Kingshighway

# 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 home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-geni-* If the occupation has been changed or given fall, count of the DISEASE CAUSING DEATH, state age, at beginning of illness. If retired from business, deficit fact may be indicated thus: *Farmer (retired 5 yrs.)*. For persons who have no occupation carry, write *None*.

**Statement of cause of death.**—Name, first, the was CAUSING DEATH (the primary affection with result, time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic typhoid meningitis"); *Diphtheria* (avoid use of *Poison*); *Typhoid fever* (never report "Typhoid of the brain"); *Lobar pneumonia*; *Bronchopneumonia* (*sepsis*, unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

