

WHITE 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 Carondelet  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 7 File No. 35497  
Primary Registration District No. 6348 Registered No. 237  
(Mount St Rose Hosp ward)

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

FULL NAME Katie M Dooley

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 6, 1855  
(Month) (Day) (Year)

AGE 55 yrs. 2 mos. 3 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Chambermaid

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

BIRTHPLACE (City or town, State or foreign country) Ireland

NAME OF FATHER Peter Dooley

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER Helen Davin

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Murphy  
(ADDRESS) 1523 N 8th

Sub of O. Brock M. W. REGISTRAR  
L. O'Brien

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 26, 1910, to Nov 8, 1910, that I last saw her alive on Nov 8, 1910, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH\* was as follows:

**PHTHISIS PULMONALIS**

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

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

(Signed) L. B. Lamb M. D.  
Nov 8, 1910 (Address) MOUNT ST. ROSE

\*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. 13 ds. In the State 30 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? 1523 N 8th St

Former or usual residence 1523 N 8th St

PLACE OF BURIAL OR REMOVAL Calvary Cemetery DATE OF BURIAL Nov 10, 1910

UNDERTAKER Mrs. C. Benedict's Son ADDRESS 1134 N 6th

# 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 neces-

— know (a) the kind of work and also (b) the of the business or industry, and therefore an al line is provided for the latter statement; it be used only when needed. As examples: (a) *Pr*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; *Foreman*, (b) *Automobile factory*. The material P on may form part of the second statement. u return "Laborer," "Foreman," "Manager," " etc., without more precise specification, as *Laborer, Farm laborer, Laborer—Coal mine*, etc. at home, who are engaged in the duties of the *World* only (not paid *Housekeepers* who receive a " salary), may be entered as *Housewife, House-Pr At home*, and children, not gainfully employed, *School* or *At home*. Care should be taken to re- specifically the occupations of persons engaged in *Service* for wages, as *Servant, Cook, House- If* the occupation has been changed or given *Account* of the DISEASE CAUSING DEATH, state oc- at beginning of illness. If retired from busi- at fact may be indicated thus: *Farmer (re- yrs.)*. For persons who have no occupation or, write *None*.

**Statement of cause of death.**—Name, first, the CAUSING DEATH (the primary affection with re- time and causation), using always the same term for the same disease. Examples: *Cere- brain fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of " "); *Typhoid fever* (never report "Typhoid meningitis"); *Lobar pneumonia*; *Bronchopneumonia*, "unqualified, is indefinite"; *Tuberculosis*, *meninges, peritoneum*, 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 septichaemia," "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.)

