

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 Louis (NO. 2628 Dayton St.; 19 Ward)FULL NAME Thomas W. Edwards
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 791 File No. 35749Primary Registration District No. 1003 Registered No. 8699

(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 married WIDOWED OR DIVORCED
 (Write the word)

 DATE OF BIRTH May 12, 1854
 (Month) (Day) (Year)

 AGE 56 yrs. 6 mos. 6 ds. If LESS than 1 day, ___ hrs. or ___ min.?

 OCCUPATION (a) Trade, profession, or particular kind of work Vide worker
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

 NAME OF FATHER Unknown

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

 MAIDEN NAME OF MOTHER Susan Hook

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) x Nellie Edwards(ADDRESS) 2628 Dayton St.Filed NOV -7 1910 W. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH November 6th, 1910
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from October 24th, 1910, to Nov 6th, 1910, that I last saw him alive on November 4th, 1910, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

✓ Phthisis Pulmonalis(Duration) yrs. ___ mos. 12 ds.

Contributory (SECONDARY) _____

(Duration) yrs. ___ mos. ___ ds.

(Signed) Orlando G. Gibson M. D.Nov 7, 1910 (Address) 1310 W. Jefferson

*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 Cemetery DATE OF BURIAL Nov 7, 1910UNDERTAKER Mullman & Steiman ADDRESS 2402

United States Standard Certificate of Death

and by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-various pursuits can be known. The question is to each and every person, irrespective of many occupations a single word or term on which will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to show (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery store*; (c) *Automobile factory*. The material on this line may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons 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, 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 of 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.)

