

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 Mo (NO. 618 Beaumont St. 17 Ward)Registration District No. 791File No. 36242Primary Registration District No. 1003Registered No. 9192FULL NAME Betty Prater

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Not known</u> , 18 <u>71</u> (Month) (Day) (Year)		
AGE <u>39</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Ala</u>		
PARENTS	NAME OF FATHER <u>Not known</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not known</u>
	MAIDEN NAME OF MOTHER <u>Not known</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not known</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Prater(ADDRESS) 228 S Beave

Filed

NOV 23 1910Wheeler Bond

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 23, 1910, to Nov 20, 1910, that I last saw him alive on Nov 19, 1910, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Calculus of Gall Bladder

12 1/2 (Duration) yrs. 2 mos. ds.
Contributory Chronic Diarrhea
(SECONDARY) (Duration) yrs. _____ mos. ds.

(Signed) David Kukul (M. D.)
Nov 21, 1910 (Address) 922 N 4th

*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

Greenwood

UNDERTAKER

W C Gordon

DATE OF BURIAL

Nov 27, 1910

ADDRESS

2649 Morgan

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)

inner, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material

marked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," (not paid *Housekeepers* who receive a definite title, as

Exar be entered as *Housewife*, *Housework*, or *At home*, etc.

aren, not gainfully employed, as *At school* or *As of the*

by card should be taken to report specifically the occurrence of

of persons engaged in domestic service for wages, *House-*

vant, *Cook*, *Housemaid*, etc. If the occupation employed,

changed or given up on account of the DISEASE ON TO RE-

DEATH, state occupation at beginning of illness. Engaged in

tired from business, that fact may be indicated: *House-*

Farmer (retired, 6 yrs.). For persons who have not given

occupation whatever, write *None*.

Statement of cause of death.—Name, from busi-

DISEASE CAUSING DEATH (the primary affection, with re-

spect to time and causation), using always the accepted

term for the same disease. Examples

Cerebrospinal fever (the only definite synonym is "Epidemic

meningitis"); *Diphtheria* (avoid with re-

"Croup"); *Typhoid fever* (never report "Typhoid

fever); *Lobar pneumonia*; *Bronchopneumonia* ("Cere-

meningitis," unqualified, is indefinite); *Tuberculosis of*

meninges, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, (use of

name origin; "Cancer" is less definite; use of

"Tumor" for malignant neoplasms); *Meningitis*

peritonitis, *pericarditis*, *peritonitis*, *peritonitis*, *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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septicæmia," "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.)

