

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.

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

PLACE OF DEATH

County St Louis
Township 13th
or
Village near Manchester
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 785 File No. 39461
Primary Registration District No. 6031 Registered No. 170

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

FULL NAME Carline Hamm

PERSONAL AND STATISTICAL PARTICULARS

SEX Female **COLOR OR RACE** Colored **SINGLE MARRIED WIDOWED OR DIVORCED** widowed
(Write the word)

DATE OF BIRTH August 4, 1845
(Month) (Day) (Year)

AGE 65 yrs. 4 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE Mary land near Washington D C
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Charles Goodson
BIRTHPLACE OF FATHER washington D C
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Carline Lowmire
BIRTHPLACE OF MOTHER Mary land near Washington D C
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lurvena Hamm
near Manchester Mo
(ADDRESS)

Filed 12-9 1910 C. A. Sunkovsk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from October 28, 1910, to December 7, 1910, that I last saw her alive on October 28th, 1910, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(Duration) 1 yrs. 3 mos. ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Aug Meisch M. D.
Dec 8, 1910 (Address) Manchester Mo

*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 Home Cem. **DATE OF BURIAL** Dec 11, 1910

UNDERTAKER Louis H Boff **ADDRESS** Kirkwood Mo

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United States Standard Certificate of Death

U. S. Census and American Public Health Association

Occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Factor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore provided for the latter statement; it is, when needed. As examples: (a) *Mill*; (a) *Salesman*, (b) *Grocery*; *Automobile factory*. The material part of the second statement, "laborer," "Foreman," "Manager," "laborer, Laborer—Coal mine, etc. who are engaged in the duties of the unpaid *Housekeepers* who receive a may be entered as *Housewife*, *House-* and children, not gainfully employed, *home*. Care should be taken to report occupations of persons engaged in wages, as *Servant*, *Cook*, *House-* occupation has been changed or given the DISEASE CAUSING DEATH, state occupation of illness. If retired from business be indicated thus: *Farmer* (retired persons who have no occupation none.

Cause of death.—Name, first, the DISEASE (the primary affection with recausation), using always the same name the same disease. Examples: *Cerebral meningitis* (only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *typhoid fever* (never report "Typhoid fever pneumonia; *Bronchopneumonia* (qualified, is indefinite); *Tuberculosis 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.)