

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. 791

File No. 40031

Primary Registration District No. 1003

Registered No. 9914

(No. 3536 Lawton av. St. 17 Ward)

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

FULL NAME Amanda Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE colored SINGLE MARRIED widow WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Unknown, 1853  
(Month) (Day) (Year)

AGE 57 yrs. - mos. - ds. IF LESS than 1 day, - hrs. or - min.?

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

BIRTHPLACE (City or town, State or foreign country) mo.

PARENTS  
NAME OF FATHER George Arnold  
BIRTHPLACE OF FATHER (City or town, State or foreign country) mo.  
MAIDEN NAME OF MOTHER maria Linse  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Lulu Fleming  
(ADDRESS) 3536 Lawton av.

Filed DEC 17 1910 W. H. Leeler Bond  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16<sup>th</sup>, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 11<sup>th</sup>, 1910, to Dec. 16, 1910, that I last saw her alive on Dec. 14<sup>th</sup>, 1910, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumo-Pneumonia  
5 days (Duration) yrs. 0 mos. 0 ds.

Contributory Old  
(SECONDARY) (Duration) yrs. 0 mos. 0 ds.  
(Signed) Geo. S. Jackson M. D.  
Dec. 16, 1910 (Address) 809 N. Jefferson St.

\*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 Rocheport, Mo. DATE OF BURIAL Dec. 18, 1910  
UNDERTAKER Harrison McKoin ADDRESS 2906 Lawton

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.

# States Standard Certificate of Death

Census and American Public Health  
Association]

upation.—Precise statement of occu-  
pant, so that the relative health-  
pursuits can be known. The ques-  
and every person, irrespective of  
upations a single word or term on  
sufficient, e. g., *Farmer* or *Planter*,  
or, *Architect*, *Locomotive engineer*,  
*ionary fireman*, etc. But in many  
industrial employments, it is neces-  
he kind of work and also (b) the  
less or industry, and therefore an  
vided for the latter statement; it  
when needed. As examples: (a)  
mill; (a) *Salesman*, (b) *Grocery*,  
*Automobile factory*. The material  
m part of the second statement.  
aborer," "Foreman," "Manager,"  
out more precise specification, as  
*laborer*, *Laborer—Coal mine*, etc.  
to be engaged in the duties of the  
paid *Housekeepers* who receive a  
be entered as *Housewife*, *House-*  
d children, not gainfully employed,  
care should be taken to re-  
occupations of persons engaged in  
wages, as *Servant*, *Cook*, *House-*  
upation has been changed or given  
DISEASE CAUSING DEATH, state oc-  
of illness. If retired from busi-  
be indicated thus: *Farmer* (re-  
persons who have no occupation  
e stated unless im-  
of death.—Name, first, the  
H (the primary affection with re-  
ausation), using always the same  
e same disease.—Examples: *Cere-*  
only definite synonym is "Epidemic  
itis"); *Diphtheria* (avoid use of  
*fever* (never report "Typhoid  
*pneumonia*; *Bronchopneumonia*  
lified, is indefinite); *Tuberculosis*  
*peritonaecum*, 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* (dis-  
ease causing death), 29 ds.; *Bronchopneumonia* (sec-  
ondary), 10 ds. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"  
(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Haemor-  
rhage," "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 under-  
taken. 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 conse-  
quences (e. g., *sepsis*, *tetanus*) may be stated under the  
head of "Contributory." (Recommendations on state-  
ment of cause of death approved by Committee on  
Nomenclature of the American Medical Association.)

