

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City _____

City *St. Louis Mo.* (No. _____) _____

155
Registration District No. *791*

Primary Registration District No. *1003*

File No. *3500*

Registered No. *149*

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

FULL NAME *Mamie O'Keil*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* SINGLE MARRIED WIDOWED OR DIVORCED *Single*
(If wife the word)

DATE OF DEATH *Jan. 3, 1911*
(Month) (Day) (Year)

DATE OF BIRTH *Don't know - 1879*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h _____ alive on _____, 191____, and that death occurred, on the date stated above, at *5:30 a.m.*

AGE *32* yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Carbolic Acid Poisoning

OCCUPATION (a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer) *9-36*

BIRTHPLACE (City or town, State or foreign country) *St. Louis Mo.*

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

NAME OF FATHER *Joseph O'Keil*

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

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

(Signed) *A. W. Fath* M. D.
1/4 191____ (Address) *Deputy Coroner*

MAIDEN NAME OF MOTHER *Ann O'Sullivan*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death?
Former or usual residence *#983 Market Street*

(Informant) *Coroner's Office*
H. H. ...
(ADDRESS) _____

PLACE OF BURIAL OR REMOVAL *Calvary* DATE OF BURIAL *1-6 1911*

Filed *JAN -7 1911* 191____ *N. Wheeler Road*
REGISTRAR

UNDERTAKER *Gullen Kelly* ADDRESS *2735 Cass*

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

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 many occupations a single word or term on such, if impossible will be sufficient, e. g., *Farmer* or *Planter*, *Accidental drowning*, *Composer*, *Architect*, *Locomotive engineer*, *Revolver wound of neck*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state 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*, (c) *Grocery store*, (d) *Automobile factory*. The material may form part of the second statement. Turn "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. Those at home, who are engaged in the duties of the home, who are engaged in the duties of the home (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *At home*. Care should be taken to indicate the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housewife*, etc.

If the occupation has been changed or given up, state the **DISEASE CAUSING DEATH**, state the date of beginning of illness. If retired from business, state the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with remote cause and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (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"—*homicidal*); avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. of "Contributory (secondary or intercurrent) affection of cause of death" (not be stated unless important. Example: *Measles (cause of death)*, *29 ds.*; *Bronchopneumonia (secondary)*, *10 ds.* Never report mere symptoms of minimal conditions, such as "Asthenia," "Anæmia (merely symptomatic)," "Atrophy," "Collapse," "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 diseases resulting from childbirth or miscarriage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY which qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by rail train—accident*; *Revolver wound of head—homicidal*; *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 head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

