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. 4134 Lucky St. St.; 22 Ward)

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

Registration District No. 731 File No. 4502

Primary Registration District No. 1003 Registered No. 1241

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

FULL NAME David Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Color	married

DATE OF BIRTH Not Known (Month) (Day), 1879 (Year)

AGE 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Labor in Coal yard
(b) General nature of industry, business, or establishment in which employed (or employer) 3-09

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

PARENTS
NAME OF FATHER Jiles Moore
BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont Know
MAIDEN NAME OF MOTHER Dont Know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Moore

(ADDRESS) 4134 Lucky St

Filed JAN 31 1911 19 H. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 10th, 1911, to Jan 11th, 1911, that I last saw him alive on Jan 11th, 1911, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

"Uraemia"

130

132B (Duration) yrs. mos. Our ds.

Contributory (SECONDARY) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) George S. Jackson M. D.

Jan. 12th 1911 (Address) 809 N. Jefferson Ave

*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 St Peters

DATE OF BURIAL Jan 14 1911

UNDERTAKER W. C. Gordon

ADDRESS 2649 Morgan St

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,*
railway *itionary fireman,* etc. But in many
Poisoned industrial employments, it is neces-
of the in the kind of work and also (*b*) the
sepsis, te iness or industry, and therefore an
tributory provided for the latter statement; it
death ap ly when needed. As examples: (*a*)
American *n mill;* (*a*) *Salesman,* (*b*) *Grocery;*
Automobile factory. The material
form part of the second statement.
Laborer," "Foreman," "Manager,"
thout more precise specification, as
n laborer, Laborer—Coal mine, etc.
who are engaged in the duties of the
ot paid *Housekeepers* who receive a
ay be entered as *Housewife, House-*
and children, not gainfully employed,
t home. Care should be taken to re-
e occupations of persons engaged in
or wages, as *Servant, Cook, House-*
occupation has been changed or given
the DISEASE CAUSING DEATH, state oc-
ing of illness. If retired from busi-
ay be indicated thus: *Farmer* (*re-*
or persons who have no occupation
one.

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, Sarcoma,* 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.