County DIRAL TRAISTICS CERTIFICATE OF DEATH Township Town	ii.	PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH
TOWNSHIP  OF COLOR OF RACE  BEX  OOLOR OF RACE  MARKED  DATE OF DEATH  AGE  OULD ATTENDED  OF COLOR OF RACE  OOLOR OF RACE  MARKED  DATE OF DEATH  AGE  OULD OF RACE  OOLOR OF RACE  MARKED  OOLOR OF RACE  OOLOR OF CONTINUENCY  OOLOR OF RACE  OOLOR OF CONTINUENCY  OOLOR OOLOR  OOLOR OF CONTINUENCY  OOLOR OF CONTINUENCY  OOLOR OF CONTINUE	1	one of the state o		BUREAU OF VITAL STATISTICS
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VILIA NAME WAND STATISTICAL PARTICULARS  FULL NAME WAND STATISTICAL PARTICULARS  SEX  OOLOR OR RACE  MACHINE WORKER  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  AGE  JUNE  J	Township Registration Distric			t No. 458 File No. 5859
OILY NAME VAN LEYALS  FULL NAME VAN LEYALS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  SEX OOLOR OR RACE SAMELE SAMEL	Village Clarysdall Primary Registration		ratio	1 4- B
FULL NAME WANT LIE MATES  FULL NAME WANT LIE MATES  PERSONAL AND STATISTICAL PARTICULARS  SEX OCLOR OR RACE WANT OF MATES OF DEATH WILLIAMS  SEX OCLOR OR RACE WANT OF MATES OF DEATH WILLIAMS OF STREET OF DEATH WAS AS FOLLOWS:  DOCUPATION  (A) Trade, profession, or particular for stablishment in which employed (or employer)  DOCUPATION  (B) Grant and that death occurred, on the date stated above, at Pm. The CAUSE OF DEATH was as follows:  The CAUSE OF DEATH was as follows:  DOCUPATION  (B) Grant and DEATH OF STREET OF MY KNOWLEDGE (Grant of Industry)  MAIDEN NAME OF ATTER OF STREET OF MY KNOWLEDGE (CIT) or the BEST OF MY KNOWLEDGE (CIT) or the BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  THE ABOVE 19 TRUE TO THE	II.	,,	[If death occurred in a	
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Contributory   Cont	Ð,	ATE OF BIRTH		7 (104)
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COCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLAGE (City or town, State or foreign country)  NAME OF FATHER (Trank Plats)  BIRTHPLAGE OF ATHER (City or town, State or foreign country)  MAIDEN NAME OF MOTHER (City or town, State or foreign country)  BIRTHPLAGE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF	· Ac		<u></u> [	that I last saw h Malive on Will 1916,
(b) General nature of industry. business, or establishment in which employed (or employer)  BIRTHPLACE (City or town, State or foreign country) Clarksdall. Defalls Co. M.C., (Signed)  BIRTHPLACE OF FATHER (Lank) Co. M.C., (Signed)  WALLE (City or town, State or foreign country)  MAIDEN NAME OF MOTHER OF MOTHER (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  WALLE (Lity or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR A place or foreign country)  Where was disease contracted if not at place or foreign country of the contracted in the contracted i		9 1 day, X	hrs.	
(b) General nature of industry.  Dustiness: or establishment in which employed (or employer)  BIRTHPLADE (City or town.  State of foreign country) Clarksdall. Dehall 60, Contributory  FATHER (Trank P Lates)  OF FATHER (City or town. State or foreign bountry)  MAIDEN NAME OF FATHER OF MAME OF MOTHER EACH A CLARES (City or town. State or foreign country)  MAIDEN NAME OF MOTHER CHA H. CLARES  BIRTHPLADE OF MOTHER CHA H. CLARES  OF MOTHER CHA H. CLARES  (City or town. State or foreign country) Dehall COMO  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A place of BURIAL OR REMOGAL  PLACE OF BURIAL			乛	The CAUSE OF DEATH* was as follows:
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## 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 c. es. 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) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

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, 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 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.)

