

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 _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. 79T

File No. 8142

Primary Registration District No. 1003

Registered No. 1463

(No. Central Police Station St. 6 Ward)

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

FULL NAME John Walsh

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widower</u> (Write the word)
--------------------	-------------------------------	--

DATE OF BIRTH Sept. (m), 1856
(Month) (Day) (Year)

AGE 54 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

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

PARENTS	NAME OF FATHER <u>P. S. Walsh</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>
	MAIDEN NAME OF MOTHER <u>Bridget Doyle</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. O'Keefe
Fath. (ADDRESS) 5599 Baitmore

Filed FEB -7 1911 Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4th 1911
(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 7-40 P.

The CAUSE OF DEATH* was as follows:

Merio sclerosis
131
27 N. M. C.
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Interstital Nephritis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. W. Fath M. D.
2/6 1911 (Address) Deputy Coroner

*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 112 S. 6th St.

PLACE OF BURIAL OR REMOVAL <u>Galvany Cemetery</u>	DATE OF BURIAL <u>Feb 7th</u> 191 <u>1</u>
UNDERTAKER <u>Cullinane Bros</u>	ADDRESS <u>1710 N Grand</u>

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 cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the business or industry, and therefore an line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Auto*, (b) *Automobile factory*. The material may form part of the second statement. *Foreman*, "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. home, who are engaged in the duties of the only (not paid *Housekeepers* who receive a

Statement of residence.—If the occupation is very important home, and children, not gainfully employed, state *At home* or *At home*. Care should be taken to specify to each and every the occupations of persons engaged in many occupations service for wages, as *Servant*, *Cook*, *Housewife*, 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*, *peritoneum*, 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 of 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.)

