PLACE OF DEATH  county Bucharan				MISSOURI STATE BOY BUREAU OF VITAL					RD OF HEALTH	
				Ι,	、 ン	CERTIFICATE OF DEATH				
To	wnship		Rea	\ dstration Distri	ict No.	15	File No	9428		
0	r					.1001	Registered	No. 2/5		
Cit	-	Joseph, L NAME A	(NO. 1 E	17 Nort	n 2nd.s	treet, s.	.;Wa		occurred in institution AME instea d number]	
-		ONAL AND STATIS			2		RTIFICATE	OF DEATH	<del></del>	
	X	COLOR OR RACE	SINGLE MARRIED WIDOWED		DATE OF (		neh 4t			
	ale	White	OR DIVORCED ( Write the word)	Single	<u></u>	·····	(Month)	(Day)	, 191 (Year)	
DA	ATE OF BIRT	••				I HEREBY CER	TIFY, that	I attended dece	sed from	
		March (Month)	Erd.1911.		Marel	3 2 , 19	1.11, to. <i>711.0</i>	web 4 #	_, 191 <u>/ /</u>	
AG	35		(24)	If LESS than	that I lact	saw haim alive	on Marc	h 319	_, 191 <b>1.1</b> _	
		•		I day,hrs		death occurred,	on the date	stated above, at.	2 80 m	
occupation or min.?					The CAUSE OF DEATH* was as follows:					
(a) Trade, profession, or particular kind of work None					Malfornation of the heart					
par	TICGIAL KING	of workIIC	)11 <b>C</b>	•	1 Mal	formalion	n of it	u near	<b>X</b> .	
(b)	General natu	re of industry.	)11 <b>E</b>	•	Mae	1591	•			
(b) bus	General natu		Die D		Mal	1596 1596	•	u Mear		
(b) bus which	General natural natura natural natural natural natural natural natural natural natural	ure of industry,	D O		- Mac	159C 159				
(b) bus white BIR (Cit	General natu Ilness, or esta Ich employed	ure of industry, ablishment in I (or employer)	- O			1596 159 — (Durat	ion) I clay	re. Z mios	ds	
(b) bus white BIR (Cit	General naturiness, or estrect employed THPLACE by or town, te orforeign cour NAME OF	ure of industry, ablishment in (or employer)	O sepn. Mo.			USIC Durate (Durate putory Pres	ion) I day	remos	ds	
(b) bus white BIR (Cit	General naturiness, or esta ch employed THPLACE by or town, te or foreign cour NAME OF FATHER	ore of industry, ablishment in it (or employer)	O sepn. Mo.		Contrib (Second	Durat  (Durat  (Durat  (Durat  (Durat	ion) / day	remos	ds	
(b) bus which BIR (Cir. State	General naturiness, or estitich employed THPLACE fyor town. te or foreign count NAME OF FATHER BIRTHPLA OF FATHE	ore of industry, ablishment in (or employer)  outy) St. Jus  Otis Ad	epn. Mo.		Contrib (Secont	UTBLE	ion) day	remos	ds	
BIR (Cit Stat	General natural ness, or estrict employed extra continuous control of the control	ore of industry, ablishment in a construction of construction of the construction of t	epn. Mo.		Contrib (SECONE (SIGNED)	Durat  Outory Pres  Outory Pres  Outory (Durat  Out	ion) I day	rs	ds	
BIR (Cit Stat	General naturiness, or estitich employed THPLACE fyor town. te or foreign count NAME OF FATHER BIRTHPLA OF FATHE	ore of industry, ablishment in the control of the c	Seph. Mo. lair,		Contrib (SECONE (SIGNED)	Durat  Outory Pres  Outory Pres  Outory (Durat  Out	ion) I day	rs	ds	
BIR (Cit Stat	General naturiness, or estrict employed of the	ore of industry, ablishment in a (or employer)  Otis Ad  OE :  R. State or foreign country)  IAME ER Edith K  OE	epn. Mo. lair, Iowa rebs,		Contrib (Scoot) (Signed)  Maroch *State th	(Durat putory Pre pary) (Durat (L. T. Bl.  4-191.11. (Ac per Disease Causing De adury: and (2) wheth PRESIDENCE (For	ion) / day Malus ion)yı ddress) / 22 ath, or, in dea er Accidental, Sui	rs. mos.	ds ds M. D	
BIR (Cit Stat	General naturiness, or estrict employed of the	ore of industry, ablishment in a (or employer)  Otis Ad  OE :  R. State or foreign country)  IAME ER Edith K  OE	epn. Mo. lair, Iowa rebs,		Contrib (SECONE)  (Signed)  Messed  *State th (1) Means of LENGTH OF RECENT OF	(Durat  (Durat  (Durat  (Durat  (Durat  (Durat  (Durat  (Ac  (Durat  (Durat  (Ac  (Durat	ion) / day  Malur  ion) / y  Malur  ion) / y  ddress) / 22  ath, or, in dea er Accidental, Sei e Hospitals i	rs. mos. mos. mos. mos. mos. mos. mos. mo	ds d	
PARENTS BIR State	General naturiness, or estatich employed THPLACE fyor town, the orforeign country of the conference of	ore of industry, ablishment in the control of the c	sepn. Mo. lair, lowa rebs, Missouri		(Signed)  (Signe	(Durat putory Pre part) (Durat	ion) / Clay  Malur  ion) / Y  ddress) / 22  ath, or, in dea  er Accidental, Sei  the Hospitals i  In the  ds. State	rs. mos.  2011, 3 mos.  ths from Violent Gidal, or Homicidal.	ds d	
DARENTS BIR (Circuit State Sta	General naturiness, or estatich employed THPLACE fyor town, the orforeign country of the conference of	ore of industry, ablishment in a core employer)  Otis Ad  Otis Ad  OE  R  State or foreign country)  AME  ER  EX  ER  A State or foreign country)	sepn. Mo. lair, lowa rebs, Missouri		(Signed)  (Signe	(Durat  (Durat	ion) / Clay  Malur  ion) / Y  ddress) / 22  ath, or, in dea  er Accidental, Sei  the Hospitals i  In the  ds. State	rs. mos. mos. mos. mos. mos. mos. mos. mo	ds d	
DARENTS BIR (Circuit State Sta	General naturiness, or estich employed THPLACE fyor town, te or foreign count NAME OF FATHER BIRTHPLA OF FATHE (City or town OF MOTHIC (City or town OF MOTHIC (City or town City or town EABOVE 18 THE CITY OF MOTHIC (City or town City or to	ore of industry, ablishment in a (or employer)  Otis Ad  Otis Ad  OE  R  A. State or foreign country)  IAME  ER  ER  A. State or foreign country)  TRUE TO THE BEST	sepn. Mo. lair, lowa rebs,  Missouri	)E	Contrib (Scoot) (Signed)  *State It () Means of It LENGTH OF RECENT RES At place of death Where was if not at place resident resi	(Durate party) (Durat	ion) / Clay  Malur  ion) / Y  Malur  ion) / Y  ddress) / 22  ath, or, in dea er Accidental, Suit  a Hospitals i  In the  State	rs. mos.  2011, 3 mos.  this from Violent Cicidal, or Homicidal.  INSTITUTIONS, TRAN  YES. mos.	dsds	
PARENTS BIR (City State (b) bus substitution (c) bu	General naturiness, or estatich employed of the control of the con	ore of industry.  ablishment in a core employer)  Otis Ad  Otis Ad  OE ER A, State or foreign country)  TRUE TO THE BEST  ABB  1817 NO.	sepn. Mo. lair, lowa rebs, Missouri of My KNOWLEDG	treet,	Contrib (Secont (Signed)  March  *State th  *State th  I) Means of b  LENGTH OF RECENT RES At place of death Where was if not at pla  Former or usual reside  PLACE OF  AShaln	(Durate part) (D	ion) / Clay  Malur  ion) / Y  Malur  ion) / Y  ddress) / 22  ath, or, in dea  er Accidental, Sui  the Hospitals i  In the  State  DVAL	rs. mos.  2011. 3 mos.  ths from Violent Cicidal, or Homicidal. INSTITUTIONS, TRAN  YES. mos.	ds	
PARENTS BIR (City State (d) State (d	General naturiness, or estatich employed ITHPLACE ty or town, by or form, by or foreign country of the father of t	ore of industry.  ablishment in a core employer)  Otis Ad  Otis Ad  OE ER A, State or foreign country)  TRUE TO THE BEST  ABB  1817 NO.	sepn. Mo. lair, lowa rebs, Missouri of My Knowledo	treet,	Contrib (Secont (Signed)  March  *State th  *State th  I) Means of b  LENGTH OF RECENT RES At place of death Where was if not at pla  Former or usual reside  PLACE OF  AShaln	(Durate poly (Dura	ion) / Clay  Malun  ion) / Y  Malun  ion) / Y  didress) / 2/2  ath, or, in dea er Accidental, Suit  HOSPITALS i  HOSPITALS i  The Hospitals i  RTAKING	rs. mos.  2011. 3 mos.  ths from Violent Cicidal, or Homicidal. INSTITUTIONS, TRAN  YES. mos.	ds d	

## 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) Salcsman, (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 (rctired, 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, OF HOMICIDAL, OF 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.)



3