

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City ST. LOUISRegistration District No. 791File No. 19804Primary Registration District No. 1003Registered No. 5040(NO. St. Louis Child Hosp. - 402 St. Jeff. - 128 Ward)

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

FULL NAME Francis Cooney

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE - MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Oct 28, 1910</u> (Month) (Day) (Year)		
AGE <u>6 yrs. 6 mos. 19 ds.</u>		IF LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) D

BIRTHPLACE

(City or town, State or foreign country) City

PARENTS	NAME OF FATHER <u>Mr. Cooney</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>City</u>
	MAIDEN NAME OF MOTHER <u>May Finn</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>City</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. S. Bleyer
(ADDRESS) 705 N. Kings HighwayFiled MAY 26 1911 Max C. Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Apr 10, 1911, to May 16, 1911, that I last saw him alive on May 13, 1911, and that death occurred, on the date stated above, at 82 m. The CAUSE OF DEATH* was as follows:11 1/2 Bronchitis
10 1/2(Duration) _____ yrs. _____ mos. 10 ds.
Contributory Heart Disease
(SECONDARY)
Useless - 2 weeks
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) A. S. Bleyer M. D.
5/16/11 1911 (Address) 705 N. Kings Highway

*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. 24 ds. In the State _____ yrs. _____ mos. _____ ds.Where was disease contracted 3241 Morgan 6200 Cliv
If not at place of death?Former or usual residence 3241 Morgan 6200 Cliv
place of residencePLACE OF BURIAL OR REMOVAL Paterson Field DATE OF BURIAL May 27 1911
UNDERTAKER City ADDRESS 500 Arsenal

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*, *Composer*, *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 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—Coalmine*, 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*, *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 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 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.)

W. H. HENS, JEFFERSON CITY.