

THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 \_\_\_\_\_

Registration District No. 781

File No. 29500

Primary Registration District No. 7003

Registered No. 16779

City St. Louis (NO. 4219 Warne St. 21 Ward)

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

FULL NAME Chas Edwin Poole

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

BEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF DEATH Aug 2, 1917  
(Month) (Day) (Year)

DATE OF BIRTH Nov 22, 1888  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 11, 1910, to Aug 2nd, 1917, that I last saw him alive on Aug 1st, 1917, and that death occurred, on the date stated above, at 4 A m.

AGE 4 yrs. 2 mos. 10 ds. if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Infection from pelvic abscess

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

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
my 152 ft

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

Contributory Tuberculosis of spinal column  
(Duration) one yrs. 10 mos. \_\_\_\_\_ ds.

NAME OF FATHER W. R. Poole

(Signed) T. B. Mansfield M. D.  
Aug 2nd 1917 (Address) 1409 Chemical

BIRTHPLACE OF FATHER (City or town, State or foreign country) England

MAIDEN NAME OF MOTHER Elizabeth Poole

BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

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 \_\_\_\_\_

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Chas. Wm. Poole

9 Warne Av.

St. Louis

PLAGE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL Aug 3, 1917  
UNDERTAKER Mullen & Coleman ADDRESS 2402

REGISTRAR Starkloff

DEATHS FROM VIOLENT CAUSES  
Suicidal, or Homicidal  
B. INSTITUTIONS, T. \_\_\_\_\_  
the to \_\_\_\_\_ yrs.

# 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 is used only when needed. As examples: (a) *at home*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; only (not *man*, (b) *Automobile factory*. The material may be entered on the second statement. Children, return "Laborer," "Foreman," "Manager," "Care should be taken to report specifically the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housewife*, etc. If the occupation has been changed or given 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 ..... (less definite; avoid use of neoplasms); *Measles*; *Whooping cough*; *Chronic heart disease*; *Chronic contributory* (secondary or tertiary), *to be stated unless important cause of death*, *29 ds.* (secondary), *10 ds.* Never report minimal conditions, such as (merely symptomatic), "Ataxia," "Convulsions," "Debility" ("Congenital," "Secondary"), "Dropsy," "Exhaustion," "Heart failure," "Rheumatism," "Inanition," "Marasmus," "Old age," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichæmia," "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.)

