

## PLACE OF DEATH

County \_\_\_\_\_  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City St. Louis (NO. 112 Mullanphy St. 4 Ward)

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 791 File No. 36000  
 Primary Registration District No. 108 Registered No. 8993

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

## FULL NAME

Ayres Ellen Haulon

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)
DATE OF BIRTH <u>June 3, 1911</u> (Month) (Day) (Year)		
AGE <u>4</u> yrs. <u>6</u> mos. <u>3</u> ds.		if LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>mill</u>		
(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>Edwin Haulon</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>
	MAIDEN NAME OF MOTHER <u>Ella Garvey</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Louis</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Garvey Haulon

(ADDRESS) 112 Mullanphy

Filed OCT - 7 1911 Mary Starkloff  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 21, 1911, to death, 10-6-1911, that I last saw her alive on October 6, 1911, and that death occurred, on the date stated above, at 10 P. m.  
 The CAUSE OF DEATH\* was as follows:  
Broncho - Pneumonia

(Duration) \_\_\_ yrs. \_\_\_ mos. 20 ds.

Contributory 91 107A  
8 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Edwin Sauter, M. D.  
October 7, 1911 (Address) 1331 M. 7

\*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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL  
Cemetery

DATE OF BURIAL  
Oct 8, 1911

UNDERTAKER  
Francis Hechtlage

ADDRESS  
907 Chouteau

# Revised United States Standard Certificate of Death

by U. S. Census and American Public Health Association]

**FULL NAME** \_\_\_\_\_ 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—Coal mine*, etc. Men 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*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to record 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 "C up"); *Typhoid fever* (never report "Typhoid pneumonia"); *Bar pneumonia*; *Bronchopneumonia* (if qualified, is indefinite); *Tuberculosis* (of \_\_\_\_\_, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

PERMANENT 1

PLACE OF DEATH

HUGH STEPHENS, JEFFERSON CITY.

