

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.

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City _____

Registration District No. _____

791

File No. _____

3479

Primary Registration District No. _____

1003

Registered No. _____

830

St Louis Mo

(NO. _____)

4332^a Chouteau St.

75

Ward)

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

FULL NAME

Mamie O. Sims

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *White* SINGLE MARRIED *Married*
 WIDOWED OR DIVORCED
 (If wife the word)

DATE OF BIRTH

 May 10, 1887
 (Month) (Day) (Year)

AGE

 34 yrs. 8 mos. 14 ds. 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)

Home Work

BIRTHPLACE

(City or town, State or foreign country)

St Louis Mo

NAME OF FATHER

Warren Brown

BIRTHPLACE OF FATHER

Mo

MAIDEN NAME OF MOTHER

Celia Dordican

BIRTHPLACE OF MOTHER

New York State

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Orren Sims*(ADDRESS) *4332^a Chouteau*

Filed

JAN 26 1912

Marb Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

 Jan 24, 1912
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from
 Nov. 28, 1911, to Jan 24, 1912,
 that I last saw him alive on Jan 23, 1912,
 and that death occurred, on the date stated above, at 6⁴⁵ a.m.

The CAUSE OF DEATH* was as follows:

Tubercular peritonitis

 25
 92 A 31 (Duration) yrs. 1 mos. 16 ds.

Contributory

Mental Degeneracy

(SECONDARY) (Duration) yrs. 1 mos. 16 ds.

(Signed) *R. M. Auliffe* M. D.Jan 24, 1912 (Address) *3826 N. Grand*
 *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 *4332^a Chouteau*

PLACE OF BURIAL OR REMOVAL

Bellevue

DATE OF BURIAL

Jan 27, 1912

UNDERTAKER

Wm. L. Co

ADDRESS

3826 N. Grand

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 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. 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.)

