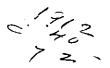
MISSOURI STATE BOARD OF HEALTH PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County. Registration District No. Village Primary Registration District No. Registered No Ilf death occurred in a Ward) hospital or institution, give its NAME tastead of street and number] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE . 8EX COLOR OR RACE DATE OF DEATH MARRIED WIDOWED OR DIVORCED HELLE (Write the word) Ha (Month) (Day) DATE OF BIRTH I HEREBY CERTIFY, that I attended deceased (Mooth) (Day) (Year) If LESS than AGE day,....hrs and that death occurred, on the date stated above, a or\_\_\_min.? The CAUSE OF DEATH+ was as follows: OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town," State or foreign country NAME OF FATHER BIRTHPLACE (Signod OF FATHER (City or town, State or foreign country) MAIDEN NAME \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR BIRTHPLACE RECENT RESIDENTS) OF MOTHER In the (City or town, State or foreign country) of death. State... Where was disease contracted if not at place of death? .. Former or usual residence DATE OF BURIAL **ADDRESS** 

## 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, 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, 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.)



MISSOURI STATE BOARD OF HEALTH PLACE OF DEATH BUREAU OF VITAL STATISTICS REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CERTIFICATE OF DEATH Registration District No Primary Registration District No. [If death occurred in a City hospital or institution. give its NAME instead of street and number) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 8EX COLOR OR/RACE MARRIED WIDOWED OR DIVORCED (Day) (Month) (Year) Write the word) DATE OF BIRTH CERTIFY. that Lattended deceased from (Day) (Month) (Year) If LESS than AGE I day ... that death occurred, on the date stated above, at min 2 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or escapits iment in which employed (or employer) BIRTHPLACE (City or town, . State or foreign country NAME OF FATHER BIRTHPLACE PARENTS OF FATHER (City or town, State or foreign g MAIDEN NAME \*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) OF MOTHER in the of death. State\_ Where was disease contracted TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence ADDRESS All information called for must be written on this Supplementary Certificate

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