

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.

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

PLACE OF DEATH
County St. Louis
Township St. Ferdinands or Village _____ or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 784 File No. 6596
Primary Registration District No. 6030 Registered No. 26
FULL NAME Matthew Mc Mannamy [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>		DATE OF DEATH <u>Feb 21</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>November 15th</u> , 18 <u>29</u> (Month) (Day) (Year)				I HEREBY CERTIFY, that I attended deceased from <u>Jan 10</u> , 191 <u>1</u> , to <u>Feb 21</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 20</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10:28 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Nephritis</u>	
AGE <u>82</u> yrs. <u>3</u> mos. <u>6</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?		121 17 (Duration) <u>2</u> yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of Industry, business, or establishment in which employed (or employer) <u>1-02</u>				Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Inland</u>				(Signed) <u>J. J. Williamson</u> M. D. <u>Feb 22</u> 191 <u>1</u> (Address) <u>Flourissant Mo.</u>	
PARENTS	NAME OF FATHER <u>Not known</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not known</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>6</u> yrs. _____ mos. _____ ds. In the State <u>15</u> yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Not known</u>			Where was disease contracted if not at place of death? Former or usual residence <u>Flourissant, Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not known</u>			PLACE OF BURIAL OR REMOVAL <u>St. Stanislaus Cemetery</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carl J. Saeger</u> (ADDRESS) <u>St. Stanislaus Cemetery, Florissant, Mo.</u>				DATE OF BURIAL <u>Feb 23</u> , 191 <u>2</u>	
Filed <u>July 20th</u> 191 <u>2</u> <u>J. J. Drayle</u> REGISTRAR				UNDERTAKER <u>Carl J. Saeger</u>	
				ADDRESS <u>Flourissant Mo</u>	

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.)



PLACE OF DEATH

County St. Louis
Township St. Ferdinand
or
Village _____
or
City _____ (NO. _____)

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

Registration District No. 784 File No. 6596
Primary Registration District No. 6030 Registered No. 25
St.: _____ Ward _____

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

FULL NAME Matthew McManus

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Nov 15 1899
(Month) (Day) (Year)

AGE 82 yrs 3 mos 6 ds. If LESS than 1 day, ___ hrs ___ min. or ___ min.

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

BIRTHPLACE (City or town, State or foreign country) Delaware

PARENTS NAME OF FATHER not known BIRTHPLACE OF FATHER (City or town, State or foreign country) " MAIDEN NAME OF MOTHER " BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Casper Sager (ADDRESS) St Stanislaw Sew, Florissant Mo

Filed Feb 7 1928 J. V. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 10 1911, to Feb 21 1912, that I last saw him alive on Feb 20 1912, and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis
(Duration) 2 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Millman M. D. July 22 1912 (Address) Florissant Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, (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 6 yrs. ___ mos. ___ ds. In the 15 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Former or usual residence. Florissant Mo.

PLACE OF BURIAL OR REMOVAL St Stanislaw Sew DATE OF BURIAL Feb 23 1912

UNDERTAKER Casper Sager ADDRESS Florissant Mo

SUPPLEMENTARY

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RECORDING IN THIS IS A PERMANENT RECORD

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[Approved by U. S. Census and American Public Health
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