

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 | <u>St. Louis</u> | | Registration District No. | <u>789</u> | |
| Township | <u>Central</u> | | Primary Registration District No. | <u>6033B</u> | |
| or | | | File No. | <u>6670</u> | |
| Village | | | Registered No. | <u>29</u> | |
| or | | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| City | (NO. _____ St. _____ Ward) | | | | |
| FULL NAME <u>Julia Fitzgerald</u> | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | |
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u> | DATE OF DEATH <u>February 12th</u> 191 <u>2</u> (Month) (Day) (Year) | | |
| DATE OF BIRTH <u>June 16, 1892</u> (Month) (Day) (Year) | | I HEREBY CERTIFY, that I attended deceased from <u>January 29, 1912</u> , to <u>February 12, 1912</u> , that I last saw her alive on <u>February 11th</u> , 1912, and that death occurred, on the date stated above, at <u>6 a.</u> m. | | | |
| AGE <u>79</u> yrs. <u>8</u> mos. <u>4</u> ds. | IF LESS than 1 day, ___ hrs. or ___ min.? | | The CAUSE OF DEATH* was as follows: <u>Athymia of Arteries</u> <u>99</u> (Duration) ___ ds. ___ mos. <u>14</u> ds. Contributory <u>Fracture of Femur "accidental"</u> (Duration) ___ yrs. ___ mos. <u>14</u> ds. | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> | | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> | | | | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Canada</u> | | | | | |
| PARENTS | NAME OF FATHER <u>Thomas Fitzgerald</u> | | | | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u> | | | | |
| | MAIDEN NAME OF MOTHER <u>Mary Hester</u> | | | | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u> | | | | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | | | |
| (Informant) <u>Thomas Fitzgerald</u> | | | | | |
| (ADDRESS) <u>Maryland Highland</u> | | | | | |
| Filed <u>Feb. 13, 1912</u> | <u>Rolla Cracy</u> REGISTRAR | | PLACE OF BURIAL OR REMOVAL <u>Chapel</u> | DATE OF BURIAL <u>1/14, 1912</u> | |
| | | | UNDERTAKER <u>Bro. R. Lynch</u> | ADDRESS <u>4229 Olive St.</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*, *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. 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.)



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

PLACE OF DEATH

County St. Louis

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

File No. 6670

Township _____

Registration District No. _____

Registered No. _____

or

Village _____

Primary Registration District No. _____

Registered No. _____

or

City _____

(NO _____ St. _____ Ward _____)

Registered No. _____

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

FULL NAME

Julia Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OR RACE _____
SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH _____
(Month) (Day) (Year)

AGE _____
If LESS than 1 day, _____ hrs. _____ min. or _____ yrs. _____ mos. _____ ds.

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) _____

PARENTS
NAME OF FATHER _____
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) _____

(ADDRESS) _____

Filed _____, 191____
REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 191____
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Fracture femur
accidental "Falls from
flight of stairs"
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. J. Bohman M.D.
May 7, 1914 (Address) Pattsville Mo.

*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 _____ DATE OF BURIAL _____, 191____

UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

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.

A. J. Bohman, Pattsville

Original file, date _____, 19____

All information called for must be written on this Supplementary Certificate.

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